

Reimbursement Request

Today's Date: _____

Name: _____

PeopleSoft ID: _____

Phone: _____

Speed Type: _____

Email: _____

Total Amount: _____

All reimbursements MUST be submitted to Department within 60 days after the 1st date of purchase.

Item Description & Price				
Quantity	Description (No Abbreviations)	Unit (pkg, oz)	Unit Price	Total

Date of earliest expense incurred: _____

Purpose (reason material needed: i.e., for undergraduate lab, research records, etc.):

Benefit (how will materials benefit research/university):

Approvals

Signatures needed from purchaser & supervisor for all reimbursements.

Purchaser: _____ Signature: _____ Date: _____

Approver: _____ Signature: _____ Date: _____

If this request is your 1st reimbursement or you have any changes, such as address or bank info, please contact ECE at 713-743-4400. Additional information may be needed.

Once completed & signed with receipts included-
 attach to to **ECE Action Request Form** to submit.