

**ECE
Reimbursement Request**

Today's Date Name
Speed Type Employee ID#
Email Phone
Total Amount Due

Item Description and Price

Quantity	Description (Do Not Abbreviate)	Unit	Unit Price	Total

All reimbursements MUST be submitted to the Department within 60 days after the last day of travel/date of purchase.

Date expenses incurred or activity performed

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

Benefit (how materials benefit account charged to):

Approval must be given to Dept. Chairman for charge to Dept. funds; by the faculty/P.I. for charges to research budgets:

Approvals

Purchaser Name Purchaser Signature Date

Supervisor Name Supervisor Signature Date

Note: Please complete the "Individual Setup Form." Your individual information must be included in the UH System - if you have been reimbursed previously, completion is NOT necessary.