

MISCELLANEOUS REIMBURSEMENT REQUEST

Submit with receipts to hphyaccounting@uoregon.edu

TODAY'S DATE: _____

NAME: _____

UO ID # (or SSN): _____

HOME ADDRESS: _____

Index or Grant: _____

DEPT APPROVAL: _____

Receipt #	Receipt Date	Vendor	Description	Requested Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

ATTACH ADDITIONAL PAGES IF NECESSARY

TOTAL AMOUNT REQUESTED: \$ _____

NOTES REGARDING RECEIPTS:

- *Original receipts are required for all requests - ALL RECEIPTS MUST BE ITEMIZED
 (Credit card receipts are not itemized.)
- *Reimbursement for warranted items are not allowed.
- *Reimbursement for alcoholic beverages is not allowed on state indexes - indicate any alcohol on the receipt.
- *When hosting meals for groups or guests, gratuity up to 15% is allowed when included on the itemized receipt.