## **Economics Dept. General Reimbursement Request Form**

In order to reimburse you, campus requires original receipts showing full payment received and method of payment. If you do not have a receipt showing payment, complete the next page, "Certificate of Lost / Missing Receipt" and submit these along with a copy of your credit card statement - please redact all confidential information, e.g., account numbers, address.

If you need extra room for your items, attach another piece of paper. Submit the completed form(s) along with electronic copies of your receipts.

Name:	Employee/Student			
Email:	Total Reimburseme			
Chartstring:				
Item Description	Purchase Justification	Amount		
	ment, that the expenses claimed were incurred by membursement for these expenses, and that the expe			
Signature of Payee:		Date:		
Approver signature:		_ Date:		
Printed Name and Title:				

## **Certificate of Lost / Missing Receipt**

Use when original receipt is not available as back-up documentation.

Name of claimant	Name of Vendor	City/State	
Date of Receipt	Total Cost	Vendor's Telephone Number (if availa	able)
Description of Expense and Bu	siness Purpose		
Note: A form of proof of pa cancelled check.	yment must be submitted, e.g	g., a credit card statement or front & back	of
	expense as described above a is affidavit in lieu of the missin	and have lost, misplaced, or did not receing receipt.	ve the
business and that I have no	ot previously requested nor w	es for costs incurred while on official UC will I again request reimbursement for these bught or accepted from any other source.	e
Claimant's signature:		Date:	