

**College of Education
General Reimbursement Request Form**

Please attach receipt(s) here

Please complete the following:	
Date(s) of Receipt(s) attached (mm/dd/yy):	
Description of Expenditure(s): (If applicable, please include name(s) and affiliation(s) of attendees, as well as the meeting agenda)	
Business Purpose:	
Name of individual to be reimbursed (include UID) OR Organization to be paid:	
Name: _____	
Phone: _____	
Email: _____	
UID: _____	
Amount: (Please enter total amount of request)	
\$ _____	
Signature and Date of Submission:	

Name: _____ Date (mm/dd/yy): _____	
Certification of Receiving Agency	
<p>"I certify that the goods or services specified on this voucher were for the use of this agency and that the expenditure for such goods or services was authorized and lawfully incurred, that such goods or services meet all the required standards set forth in the purchase agreement or contract to which this voucher relates; and that the amount shown on this voucher is correct and approved for payment. If applicable, the reporting requirements of Section 5.1 of 'An Act to create the Bureaus of the Budget and to define its powers and duties and to make an appropriation', approved April 16, 1969, as amended, have been met."</p>	