



## OUT-OF-POCKET REIMBURSEMENT FORM

**PLEASE BE SURE TO PROVIDE A DETAILED BUSINESS PURPOSE WHICH INCLUDES THE WHO, WHAT, WHERE, WHEN, AND WHY BEFORE SUBMITTING THIS FORM. THANK YOU!**

<i>Payment to be made to:</i> <b>PAYEE:</b> _____ Address: _____ City: _____ State: _____ Zip Code: _____ Date: _____	<i>Net Id:</i> _____  <i>Charge to following account:</i> _____ <i>Account Number:</i> _____
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- Reimbursement (attach receipt)
- Payment Authorization to Vendor (attach receipt) (examples: subcontracts, communication bills; memberships/dues; etc.)

DESCRIPTION/BUSINESS PURPOSE	TOTAL AMOUNT OF PAYMENT
<i>Describe business purpose for payment in detail below:</i>	
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**INSTRUCTIONS:** Submit form with original receipt(s) and any supporting documentation to the EEB Accounting Office.