

REQUEST FOR REIMBURSEMENT OF OUT-OF-POCKET EXPENDITURES (Non-Travel)

Person to be reimbursed: _____ Email: _____

Current Mailing Address: _____

UFID#: _____

Vendor	Items Purchased	Amount

Total to be reimbursed: _____

(Please remember to sign your receipts.)

State Vehicle # _____

Boat Name/Number _____

Dept. ID	Fund	Program	Source	Budget Ref.	Project #	Flex Code	CRIS (221 accts)	Charge Amount

For Office Use Only:

ER# _____

Benefit to Grant/Project or Benefit to UF:

Approved by: _____

Faculty signature