Supply Reimbursement Request Form

(Complete all fields below) Attach receipt and submit to Purchaser

Payee Signature:



	Today's Date:		
	Name:		
	Phone:		
	Email:		
	PI Name:		
	PI Signature:	PI Signature:	
	KFS Account:		
	Item Description	Amount:	
	Tot		
	Provide an explanation for purchasing outside		
	pro	procedure:	
	If charging a grant, how does this purchase benefit the project?		
	L		
Payee Certification Statement			
Tayee certification statement			
I certify that expenses claimed were incurred by me for	official University Business a	and pursuant to University Purchasing	
Policy. I understand that I did not follow the correct pur	rchasing protocol (e.g. UCIBu	y, PALCard, or Purchase Order) and	
purchasing for official University Business must be mad	e by individuals issued with t	the correct delegation of authority.	
Payer Name:	Date		
Payee Name:	Date:		
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