

**Non-Travel Reimbursement Form**

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**IMPORTANT:** For the reimbursement to be processed in a timely manner, all receipts must be individually taped onto blank pages and attached to this form.

**GENERAL PURCHASES**

Please provide original, itemized receipt (Merchant name and address; Purchase date; quantities, description, and amount for each item; and Total charge).

	<i>Receipt Date</i>	<i>Vendor/Merchant</i>	<i>Description</i>	<i>Amount</i>	<i>Speed Type</i>
1.					
2.					
3.					
4.					
5.					
<i>Sub-total</i>					

**SUBSCRIPTION/MEMBERSHIP**

Please provide itemized receipt (see above)

	<i>Receipt Date</i>	<i>Vendor/Merchant</i>	<i>Description</i>	<i>Amount</i>	<i>Speed Type</i>
1.					
2.					
<i>Sub-total</i>					

**BUSINESS MEALS**

Please provide an itemized receipt for each meal, list of attendees' names, and Purpose/Benefit on the next page.

	<i>Receipt Date</i>	<i>Vendor/Merchant</i>	<i>Description</i>	<i>Amount</i>	<i>Speed Type</i>
1.					
2.					
<i>Sub-total</i>					

**Total**

Requestor's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Purpose/Benefit:

Comments:

\_\_\_\_\_

## Business Meals Reimbursement

**Name:** \_\_\_\_\_

**Receipt Date:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Name of Attendees:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_