

**COLLEGE OF EDUCATION
RECEIPT REIMBURSEMENT REQUEST**

Name: _____

UIN: _____

Enterprise ID: _____

Receipt Information:

Receipt Date: _____

Vendor: _____

Reason for purchase/request for reimbursement:

(NOTE: For meals [receipt **must be itemized**], please include names of UI personnel in attendance and the number of outsiders.)

Charge to: _____

Requestor Signature

Date Submitted

PI/Department/Unit Signature

Date Submitted

Please attach receipt(s) to this form. Thank you!