

# UUFb PAYMENT REQUEST / EXPENSE REIMBURSEMENT FORM

PAY TO: \_\_\_\_\_

ADDRESS TO MAIL CHECK: \_\_\_\_\_

\_\_\_\_\_

Item Description	Budget Category	Amount
<i>TOTAL AMOUNT REQUESTED:</i>		

ADDITIONAL NOTES:

\_\_\_\_\_  
\_\_\_\_\_

REQUEST MADE BY SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_

SECOND APPROVAL SIGNATURE:  
(if over \$3,000) \_\_\_\_\_

*\*Please attach the original receipts for the above purchases. Thank you*