MSiC Expense Reimbursement

Use this form when requesting reimbursement from the Center for out-of-pocket expenditures. Pre-apporoval from Supervisor or Program Coordinator is required prior to purchases.

I. Criteria for out-of-pocket expenditure:	**II. Requirements for Check processing:**
Vendor will not accept a purchase order	Original receipts must be submitted
Vendor will not agree to invoice MSiC	Sales Tax cannot be reimbursed
Time critical - emergency purchase	Minimum request $35, Maximum $500
Pre-approval from Supervisor or Program Coordinator	*(multiple requests can be combined to reach minimum threshold)*
	You can include receipts from multiple vendors - it is not necessary to complete a separate form for each

Requestor Info

Name:	Date:
Address:	Phone/Ext:
Address:	
Program:	Budget Code:

Qty	Item Description		Estimated Cost
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
		Estimated S & H:	$0.00
		Purchase Not To Exceed Amount:	$0.00

I. Preapproval by Supervisor or Program Coordinator

Signature:	Date:	

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For Finance Dept Use Only:

II. Check Processing

Date Received in Finance Dept. :

Original Receipts attached on 8.5 x 11 paper:		Final Check Amount:	

Final Approval

Finance:		Date:
Director:		Date: