

Request for EXPENSE REIMBURSEMENT

Requestor:

Please fill out this form completely. Sales tax is not reimbursable, and must be excluded. Submit the completed form and receipts to your faculty advisor/technical manager.

Faculty	Advisor/	Technical	Manager:
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Please	review	reimb	oursemen	t request	and if	approved	, sign ar	id forward	to	<u>utdesign@</u>	<u>vutdall</u>	as.edu	<u>၂</u> for န	orocess	ing.

Student's Name		Date	Project #	
Student's Full Mailing Address		Faculty Advisor / Technical Manager's Name		
Student's UTD-ID	Student's Net-ID	Faculty Advisor /	Technical Manager's Approval	

Explanation of Charges

Attach all receipts clearly showing vendor name, purchase date, items purchased, and payment completed.

Line #	Receipt Date	Vendor Name	Purchase General Description (1 line per receipt)	Receipt Total (w/o sales tax)
1				
2				
3				
4				
5				
6				
7				
8				
			TOTAL	