

## Request For Personal Reimbursement

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

- Pre-Travel Expenses \*  
 Other Expenses (non-travel)

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_  
(Full Name of Claimant):                      First Name                      Middle Name (or Initial)                      Last Name

**REMIT TO ADDRESS:** \_\_\_\_\_ **CSC AFFILIATION:** \_\_\_\_\_  
(CURRENT HOME) \_\_\_\_\_  
\_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PURPOSE FOR EXPENSES INCURRED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Incurred	Vendor	Expense Description	Amount

\* Pre-Travel Expenses include Airfare, Conference/Event Registration Fees, Hotel Deposits, etc.

**CLAIMANT SIGNATURE:** \_\_\_\_\_ **TOTAL REIMBURSEMENT AMOUNT:** \$ \_\_\_\_\_

**CHARGE TO:**

Project	Account Code	Distribution	
		Percent %	Amount \$

**APPROVED BY:** \_\_\_\_\_  
Gregg Rothermel, Dept Head/PI/Supervisor                      Date

Deliver completed form to the Computer Science Finance Office  
(Located in Engineering Building II, Room 3320)