Computer Science
NC STATE UNIVERSITY

Request For
Personal Reimbursement

☐ **Pre-Travel Expenses** *

☐ **Other Expenses** (non-travel)

DATE: _____

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: _____   _____

          Dean/Department Head/PI   Date

Deliver completed form to the Computer Science Finance Office

(Located in Engineering Building II, Room 3320)