

# ENGINEERING REIMBURSEMENT REQUEST FORM

6/3/2016

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

## MAKE CHECK PAYABLE TO:

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPARTMENT CONTACT NAME: \_\_\_\_\_

CITY: \_\_\_\_\_

CONTACT PHONE NO.: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT E-MAIL: \_\_\_\_\_

ACCOUNT(S) TO BE CHARGED:	ACCOUNT	AMOUNT
	_____	_____
	_____	_____
	_____	_____

PI APPROVAL: \_\_\_\_\_ ACCOUNT MANAGER APPROVAL: \_\_\_\_\_

**EXPLANATION AND BUSINESS PURPOSE FOR ITEMS PURCHASED:**

**\*\*\*\*\*ORIGINAL RECEIPTS REQUIRED FOR ALL REIMBURSEMENTS\*\*\*\*\***

QUANTITY	ITEM DESCRIPTION	AMOUNT
<b>TOTAL</b>		

**\*\*\*\*\*\$500 PER DAY MAXIMUM REIMBURSEMENT\*\*\*\*\***

For office use only: Dafis Doc No. 01-\_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_