UNIVERSITY OF ARKANSAS
EMPLOYEE REIMBURSEMENT
CLAIM FORM

DEPARTMENT: _____ DATE: _____

PAY TO: _____

ADDRESS FOR
PAYMENT CHECK: _____

FOR: Reimbursement for emergency expenditure(s) as follows:

DATE PURCHASED	ITEM DESCRIPTION	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: (May not exceed $5000.00 without special authorization) _____

I hereby certify that the items described herein were purchased for the University of Arkansas and were paid for from personal funds.

_____
Employee requesting reimbursement

_____
Cost Center Number

_____
Supervisor Approval (Cannot be the same as the requester)

REQUIREMENTS FOR REIMBURSEMENT

An expenditure from personal funds is an exception to authorized purchasing procedure and should occur only under an emergency condition. Prior approval of the Procurement Section should be obtained when possible. The following information should be provided with this form:

1) Explanation of circumstances why a purchase order was not used.
2) Completed Requisition showing the name and address of the individual to be reimbursed as the source procured from.
3) Paid itemized receipts.

Explanation:

_____

_____

_____