

### Reimbursement Request Form

Provide electronic (itemized/paid) receipts no more than 10 days after date of purchase. Reimbursement requests for more than 1K, as well as, **tax on goods** are **not allowable**. (UNM policy UBPR 4030)

1) Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

2) Charge to Index # or Name: \_\_\_\_\_

Please list vendor, items and amount below. Attach or scan receipts to fiscal staff.

3) Vendor: \_\_\_\_\_ Requested Amount\$ \_\_\_\_\_

Description of Item(s): \_\_\_\_\_  
\_\_\_\_\_

3a) Vendor: \_\_\_\_\_ Requested Amount\$ \_\_\_\_\_

Description of Item(s): \_\_\_\_\_  
\_\_\_\_\_

3b) Vendor: \_\_\_\_\_ Requested Amount\$ \_\_\_\_\_

Description of Item(s): \_\_\_\_\_  
\_\_\_\_\_

4) Grand Total Amount: \$ \_\_\_\_\_ (Do not include tax. Tax is not reimbursable.)

5) Business purpose of purchase(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Signature: \_\_\_\_\_

Accounting Staff: Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_