

General Expense Form

PURPOSE: Use this form to request reimbursement for all items purchased with your personal money (except travel and entertainment).

PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM AND SUBMIT TO YOUR ADMINISTRATIVE CONTACT PERSON

Date: _____

Name (First, Middle, Last): _____

Email Address: _____ **Phone Number:** _____

**Address
Or Mail Code:** _____

Items: _____

Business Purpose for Items:

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Fund Source/Chart String To Be Charged:

Project#:

Project Name/Nickname:

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Task#:

Amount to be reimbursed: _____