



**Reimbursement Checklist
(To Be Completed by Employee)**

Before submitting your reimbursement request, please make sure you include all of the following items. Incomplete submissions will delay processing.

Request Information

Name:

Department:

Department Code:

Total Reimbursement Amount: \$

Reimbursement Details & Supporting Receipts:

1. Brief description of what the reimbursement is for:

2. Receipts:

Attach all itemized receipts for the expenses you are requesting reimbursement for.

Recipient Signature:

Date:

Supervisor Signature:

Date:

Dean/ Provost Signature:

Date: