

EMPLOYEE REIMBURSEMENT FORM

Employee Name: _____

Address: _____

City: _____

State: _____

ZIP: _____

I purchased the following items or services for use by the University of Kansas, and am seeking reimbursement. All listed purchases are now University property, and I no longer have any ownership of the purchases listed. The listed purchases are not being reimbursed with other University funds or any outside entity. All original receipts are submitted. I fully understand the entire reimbursement may be denied if proper procurement procedures were not followed.

DESCRIPTION OF PURCHASE	AMOUNT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
Total	_____

Employee Signature

Date

Signature of Person Authorizing Reimbursement*

*May not be same as employee being reimbursed

Title

Date