



REQUEST FOR NON-TRAVEL REIMBURSEMENT

Date: _____

Requestor: _____

Banner ID#: _____
*(Staff Member ID# 800*****)*

Official Title: _____

Index# _____
*(Department Account to be billed: 500***)*

Business Purpose:

Date & Time of Event: _____ Event Location: _____

List of Attendees: *(Attach a sign-in sheet if less than 20 attendees)*

Items Purchased:

PLEASE ATTACH THE FOLLOWING:

Signed Original *Itemized* Receipts *(Please DO NOT sign over the receipt lettering)*

Attendee Sign-In Sheet

Meals, Refreshments & Hospitality Expense Worksheet *(Required if you have purchased food of any kind)*

Email approval if you are using another Program Index Number.

Other: _____

Signature & Date: _____

Program Manager

Email Address _____

Grant Manager

Submit to Tanya Barela for processing