



eREIMBURSEMENT REQUEST

Date: _____

Budget Number: _____ Budget Name: _____

Name of Person to be reimbursed: _____

Item(s) Purchased: _____

FYgYUfW Purpose*: _____

Purchased From: _____ Total Reimbursement Request: \$ _____

Signature of individual being reimbursed _____

IK 'PI Name (print): _____ IK 'PI Signature: _____

CICOES Administrator Signature: _____

PLEASE ATTACH RECEIPT(S) AND FORWARD SIGNED FORM AND RECEIPTS TO NOMIE TORRES (BOX 355672, nrtorres@uw.edu) FOR REIMBURSEMENTS < \$3500 ONLY

*if paid on a grant, please provide additional details for items that have no inherent research purpose