CLEAR FORM

eREIMBURSEMENT REQUEST

Date: _____

Grant Worktag: _____ **Grant Name:** _____

If this is being charged to multiple grants, you must add in the % charged to each grant

Name of Person to be reimbursed: _____

Item(s) Purchased: _____

Research Purpose*: _____

Purchased From: _____ **Total Reimbursement Request: $** _____

Signature of individual being reimbursed _____

UW PI Name (print): _____ **UW PI Signature:** _____

CICOES Administrator Signature: _____

PLEASE ATTACH RECEIPT(S) AND FORWARD SIGNED FORM AND RECEIPTS TO NOMIE TORRES (BOX 355672, nrtorres@uw.edu) WE CANNOT REIMBURSE COMPUTERS OR PURCHASES OVER $3500

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