UNIVERSITY OF WASHINGTON

OFFICE OF MINORITY AFFAIRS & DIVERSITY

E-REIMBURSEMENT REQUEST FORM

First Name

Last Name

UW Box Number

Amount

Budget

Project Code or Group

Contact Info (email or phone)

Preferred Method of Payment

Please provide a brief description of the item (s) purchased, the business purpose of the purchase and the original receipt. If the receipt is not itemized nor has an official name on it, please complete a perjury statement. If the reimbursement request if for a food purchase, please provide the list of attendees/invitees and the food form if it is applicable to the charged budget.

Employee's Signature

Supervisor's Signature