REIMBURSEMENT/PURCHASE REQUEST FORM
OFFICE OF MINORITY AFFAIRS, UNIVERSITY OF WASHINGTON

This form needs to be completed for 1) all out-of-state travel, 2) any travel exceeding 24 hours in duration, 3) all travel outside the continental USA, Alaska and British Columbia, AND 4) any purchase of supplies, equipment or services over $500.

Units within the Division must complete this form and send to Enrique Morales, Assistant Vice President for Minority Affairs. The approved original will be returned to the traveler/purchaser for submission to the OMA Purchasing Office.

TRAVELER INFORMATION:

Name: ___________________________ Today’s Date: ____________________

DESTINATION INFORMATION: Include location and name of conference/event

Dates of Travel: _____________________________

PURPOSE OF TRIP AND HOW IT IS CENTRAL TO DIVISIONAL DEVELOPMENT.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

BUDGET INFORMATION:

Budget number to be charged: ____________________________

Estimated cost associated with the above described trip:

Travel: ____________________________ Per diem: ____________________________

Lodging: ____________________________ Misc.: ____________________________

Registration: ____________________________

SUPPLIES OR EQUIPMENT (Over $500)

HOW IS SUPPLY/EQUIPMENT CENTRAL TO DIVISIONAL DEVELOPMENT & GOALS?

________________________________________________________________________

________________________________________________________________________

BUDGET INFORMATION:

Budget number to be charged: ____________________________ Cost of Item: ____________________________

SERVICES (Over $500)

HOW IS SERVICE CENTRAL TO DIVISIONAL DEVELOPMENT & GOALS?

________________________________________________________________________

________________________________________________________________________

BUDGET INFORMATION:

Budget number to be charged: ____________________________ Cost of Item: ____________________________

APPROVAL

Director: ____________________________ Date: ____________________________

Asst. Vice President: ____________________________ Date: ____________________________