**CHDD Purchase Reimbursement Request**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Payee: |  | | | | Date: |  |
| Budget Number: | |  | - |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Description of Items Purchased* with BUSINESS REASON applicable to budget** | | ***Amount of Purchase*** | |
| 1. |  | $ |  |
| 2. |  | $ |  |
| 3. |  | $ |  |
| 4. |  | $ |  |
| 5. |  | $ |  |
| 6. |  | $ |  |
| 7. |  | $ |  |
|  | **TOTAL EXPENSE** | $ |  |

I hereby certify under penalty of perjury that the items listed herein are proper charges for materials, merchandise or services furnished to the University of Washington and are related specifically to this project. I have Principal Investigator or other departmental authorization to initiate or approve expenditures on the budget number listed above.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Payee Signature: |  | | | | DATE: |  |
| AUTHORIZED BY (Print): | |  | | | DATE: |  |
| Authorization Signature: | |  | | | DATE: |  |
| Please include the authorizer named above for on-line approval | | |  |  | | |