

Research Employee Expense Reimbursement Form

Account #	Account Holder:	Date:
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Payable To:	Employee ID #:
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For the following claims, please see Appendix A in policies 011-RSJ-H (Allowable and Non-allowable Business Expenses) and 012-RSH-H (Travel and Expense) for appropriate proofs needed for expense verification and to help expedite the reimbursement process.

Date	Description of Reimbursement	Vendor	Amount	Currency	Sub-Account	Receipt Attached?
			TOTAL			

If this reimbursement is associated with attendance at a conference or other event, please indicate:

Name of Event:	Location:	Dates Attended:
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Approval by Research Administration is REQUIRED when reimbursements are made payable to the account holder.
As the approver of these reimbursements, I have verified that all claims are eligible as per RSH-H expense policies.

Name of Approver (please print)	Position:	Extension:
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Approver Signature:	Date:
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