

NC State University Department of Chemistry Employee Reimbursement Form

YOUR name (first name, middle initial and last name)	
YOUR home address	TODAY'S DATE
	Funding source for reimbursement (CR, CA, GL, etc).
	Voucher Number (Office of Finance & Personnel Use Only)
YOUR Vendor ID#	FAS/GRANT NUMBER. Leave blank if reimbursement will be from multiple sources.

PI approval signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Date purchased (must match receipt)	Source of reimbursement funds (CR, GL, FAS, etc)	Description and Purpose of Item Purchased	Amt Requested
		Subtotal	

Attach receipts to full-size piece(s) of paper. Submit receipts and this sheet to the Department Office of Finance & Personnel for processing. Use continuation sheets as necessary.

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