ROBERT D. CLARK HONORS COLLEGE

UNIVERSITY OF OREGON

Reimbursement Request

NAME AND ADDRESS

_____ **DATE:** _____

_____ **UO ID#** _____

_____

_____

PURPOSE OF EXPENSE

_____

_____

_____

ITEMIZATION

Date of Purchase	Vendor	Item(s)	Amount
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
_____	_____	_____	$ _____
		Total Amount Requested	$ _____

Signature _____

To be reimbursed for approved, authorized expenses, please return this form with *original* receipts to Lori Dugan, CHC Accountant. Travel, entertainment, alcohol and other expenses to be reimbursed from UO Foundation funds must be reported on a UO Foundation Travel & Entertainment Log at honors.uoregon.edu/faculty/forms/foundation_reimbursement.pdf.

Rev. 6/4/2008