



Personal Reimbursements for Small Purchases

1. Complete **ALL** the required information below
2. Attach each receipt to an 8.5X11 piece of paper (using scotch tape only on all four sides of receipt, **NO** glue or staples)
3. Get your supervisor's signature
4. Submit form to the MEM program coordinator in 4311 Fitts-Woolard Hall.

Date _____ TA # _____

Claimant's Name

First _____ Middle _____ Last _____

Employee ID# _____ Email _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____

Purchase Details

Project ID _____

Amount _____ Purchase Date _____ Item Received Date _____

Please indicate what you purchased, how you used them, and how they related to your project ID

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Claimant's Signature _____ Date _____

Supervisor's Signature _____ Date _____