

REIMBURSEMENT REQUEST

TO: Texas A&M Research Foundation
3578 TAMU
College Station, TX 77843-3578

Make Check Payable to:

Name: _____

UIN: _____

Address: _____

Phone: _____

Email: _____

Charge to Account Number: _____

Reimbursement for Out-of-Pocket Expenses

Replenishment for Petty Cash Account

Current Petty Cash Advance	(+)	_____
Total Cash Receipts for this Voucher	(-)	_____
Amount of this Reimbursement	(+)	_____
Petty Cash Advance After Reimbursement		_____

Reimbursement is requested for cash receipts listed below and attached to this voucher.

VENDOR	DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cash Receipts Claimed for Reimbursement _____

I certify that these items submitted for reimbursement are for use in the research or administration of the referenced account and have not been reimbursed from any other funding source.

Claimant	Date	Principal Investigator	Date
U.S. Citizen Non U.S. Citizen			

CASH PAYMENT RECEIVED BY:

FORM OF REIMBURSEMENT

Signature	Date
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Cash
Check

Texas A&M Research Foundation	Date
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