Clear Form

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TEXAS A&M RESEARCH FOUNDATION

dba Prairie View A&M Research Foundation

dba The Texas A&M University System Health Science Center Research Foundation

REIMBURSEMENT REQUEST

Date: _____ Account No.: _____

Claimant Name: _____ UIN: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Daytime Telephone: _____

Type of Reimbursement:

☐ Out-of-Pocket Expense

☐ Petty Cash Account --Replenish: ☐ Yes ☐ No

_____ Current Petty Cash Advance Amount

_____ Less Total Cash Receipts for this Claim

_____ Plus Amount of This Reimbursement

_____ Petty Cash Amount After Reimbursement

Requested Form of Reimbursement:

☐ Cash ($200 Limit)

☐ Check

The claimant is:

☐ TAMUS Student

☐ TAMUS Employee

☐ Not a TAMUS Student or Employee

*Original receipts are required and must be attached to this form.

*All travel-related expenses must be submitted on a TAMRF Travel Expense form.

*A W-9 Form is required for all claimant's who are a U.S. Citizen or Legal Permanent Resident (green card holder) submitting their first reimbursement (including travel) through TAMRF.

VENDOR	DESCRIPTION	AMOUNT	TAMRF USE ONLY EXPENSE CODE / COMMENT
	TOTAL TO BE REIMBURSED:	$0.00	

CERTIFICATIONS:

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 to me from any other funding source. I also certify that this reimbursement ☐ is ☐ is not being made to or on behalf of a U.S. citizen or Legal Permanent Resident (green card holder).

_____

Claimant's Signature Date

I certify that these costs were incurred to conduct research for the referenced account and are properly chargeable to the project.

_____

Principal Investigator's Signature Date

APPROVAL:

_____

Project Administrator, TAMRF Date

Return the completed and signed form to:

Texas A&M Research Foundation

400 Harvey Mitchell Parkway South, Suite 100

TAMU Campus Mailstop 3578

College Station, TX 77845

Rev. 03-03-11