Clear Form

Print

TEXAS A&M 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

Original receipts are required and must be attached to this form. All travel-related expenses must be submitted on a TAMRF Travel Expense Account form.

VENDOR	DESCRIPTION	AMOUNT	TAMRF USE ONLY EXPENSE CODE
	TOTAL	$0.00	

CERTIFICATION: 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.	**CERTIFICATION:** I certify that these costs were incurred to conduct research for the referenced account and are properly chargeable to the project.
Claimant Signature Date Is the claimant a U.S. Citizen or Legal Permanent Resident (green card holder)? ☐ Yes ☐ No	Principal Investigator Signature Date

CASH RECEIVED: _____

TAMRF APPROVAL:

_____
Texas A&M Research Foundation Date

Return completed and signed form to:
Texas A&M Research Foundation
Attn: Post Award Project Management
400 Harvey Mitchell Parkway South, Suite 100
TAMU Campus Mailstop 3578
College Station, TX 77845