

REIMBURSEMENT REQUEST

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

Make Check Payable to:

Name: _____

SS#: _____

Address: _____
Street Apt #

City State Zip

Charge to Account Number _____

Phone: _____

E-Mail: _____

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 or Resident Alien Non U.S. Citizen

CASH PAYMENT RECEIVED BY:

Form of Reimbursement:

Check

Cash

 Signature Date

 Texas A&M Research Foundation Date