REIMBURSEMENT REQUEST

TO: Prairie View A&M Research Foundation
Box 3578
College Station, TX 77843-3578

Make Check Payable to:
Name: _____
SS#: _____
Address: _____
_____

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. Description of merchandise is noted on each receipt.

VENDOR	AMOUNT
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
Total from Reverse Side	$_____

Total Cash Receipts Claimed for Reimbursement $_____

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

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

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CASH PAYMENT RECEIVED BY:

Form of Reimbursement:
❒ Check
❒ Cash

_____ _____
Signature Date

****

_____ _____
Prairie View A&M Research Foundation Date

VENDOR	AMOUNT
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
TOTAL	$_____