



DEPARTMENT OF GEOSCIENCES

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EMPLOYEE REIMBURSEMENT REQUEST

PAYEE INFORMATION	
Name (Print name)	Employee ID
BUSINESS PURPOSE	
Account Number:	

VENDOR NAME	AMOUNT
	\$
	\$
	\$
TOTAL REIMBURSEMENT REQUEST	\$

SIGNATURE	
I HEREBY CERTFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE/SERVICE AND THE RECEIPT AMOUNTS, DATES OF SERVICE AND NATURE OF SERVICES ARE CORRECT.	
X	
SIGNATURE	DATE:

Please send **ORIGINAL ITEMIZED** receipts for reimbursement to:
Heather Alvarez, Geosciences, P.O. Box 210077, Tucson, AZ 85721-0077

