

Receipted Expense Reimbursement Form

Reimburse _____ Cost Center/
Speedtype # _____

Date of Receipt _____ Reimbursement amount _____

Purpose/Benefit: _____

For a business meal, list attendees and their affiliation; mark the speaker with * if applicable.
I understand that for transactions that normally require gratuity, employees may be reimbursed for gratuity up to 20% of the transaction only.

Attendee Affiliation

REQUIRED SIGNATURES:

Reimbursee: _____ Date: _____

PI(s) of Cost Center(s) _____ Date: _____

Supervisor: _____ Date: _____

Please email completed form and copies of original receipts to ap@math.uh.edu or place them in AP mailbox in PGH 651H.

** If the receipts are not legible copies, original receipts may be requested.