

**MATERIALS RESEARCH LABORATORY
EXPENSE REIMBURSEMENT REQUEST**

Date: _____ Name: _____

Email Address: _____

Dept. where check should be mailed: _____

List expenses below, and attach ORIGINAL ITEMIZED RECEIPT(S).
(Please note: a cash register tape or credit card receipt that does not describe the items purchased is not acceptable)

DESCRIPTION	AMOUNT
1.	
2.	
3.	
TOTAL	

Justification for expenditure:

MRL Account Name/Number to be Charged:

Faculty Advisor Name:

FACULTY ADVISOR SIGNATURE:

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached original receipts for each expense as required by University policy.

Signature

Date