



UNIVERSITY OF OREGON

Central Business Services Office - Misc Reimbursement Form

Name _____ Today's Date _____
 Address _____ UO ID# _____
 _____ E-mail _____
 Phone# _____ Home Tax Address/Phone Required for Reimbursement

Foundation Account (or) Index/Activity Code _____ / _____
 Approval _____

Receipt #	Receipt Date	Vendor	Description/Business Purpose	Requested Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
Attach Additional Pages if Necessary				Total

Notes Regarding Receipts

- Original receipts are required – All receipts **must be itemized** and **show proof of payment**.
(Credit card receipts are not itemized, but they show proof of payment.)
- Reimbursement for services **may not be allowed** – obtain permission before buying.
- Reimbursement for alcoholic beverages **is not allowed** on state indexes – indicate alcohol on receipt.
- When hosting meals for groups or guests, tips of **up to 15%** of the cost may be reimbursed when the tip is **included on an itemized receipt**.