

# Department of Theatre Arts

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## Reimbursement Request (non-travel, non-hosting)

Name \_\_\_\_\_ UO ID #: \_\_\_\_\_

Please attach original, itemized receipts.

Receipt Date	Vendor Name	Amount	Business Purpose	Source of Funds
Total				

*I hereby certify that I am the original purchaser of these goods/services and that this expense was incurred for the benefit of the Department of Theatre Arts or University Theatre.*

Signature \_\_\_\_\_ Date \_\_\_\_\_