

Research Employee Expense Reimbursement Form

Account #		Account Holder:				Date:		
Payable To:				Employee ID #:				
Expenses) a expedite th	owing claims, please see App and 012-RSH-H (Travel and Ex se reimbursement process. Co e pdf document and submit to	pense) for a ombine this f	ppropriate proof form with your re	fs needed for eceipts and a	expense ve	erification and to	-	
Date	Description of Reimburser	ment	Vendor	Amount	Currency	Sub-Account	Receipt Attached?	
1								
			TOTAL					
If this reimbursement is associated with attendance at a conference								
Name of Event:			Location: De			Dates Attended:		
Approval b	y Research Administration is	REQUIRED	when reimburse	ments are ma	ade payabl	e to the account	holder. As	
the approve	er of these reimbursements, I	have verifie	d that all claims	are eligible a	s per RSH-F	l expense policies	.	
Name of Account Holder (please print)			Account Holder Signature:			Extension:	Extension:	
RSJH Approval Signature:			ı		Date	:		