

## Personal Reimbursements for Small Purchases

1. Complete **ALL** the required information below
2. Attach each receipt to an 8.5X11 piece of paper (using scotch tape only on all four sides of receipt, **NO** glue or staples)
3. Get your supervisor's signature
4. Submit form to the ISE Bookkeeper in 4121 Fitts-Woolard Hall. Please call 919.515.6405 with questions.

Date \_\_\_\_\_ TA # \_\_\_\_\_

### Claimant's Name

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Employee ID# \_\_\_\_\_ Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Purchase Details

Project ID \_\_\_\_\_

Amount \_\_\_\_\_ Purchase Date \_\_\_\_\_ Item Received Date \_\_\_\_\_

Please indicate what you purchased, how you used them, and how they related to your project ID

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_