

**NEUROSCIENCE RESEARCH INSTITUTE
REIMBURSEMENT REQUEST FORM**

Date: _____ Account to Charge: _____ Total Amount: \$ _____

Payable to: _____

Employee ID Number: _____

Email Address: _____

Mailing Address: _____

CHOOSE ONE: ☐ Direct Deposit ☐ Petty Cash ☐ Mail Check

Description and purpose of items purchased:

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.

Payee's Signature: _____
(Person incurring expense)

PI or MSO Signature: _____
(or other authorized signer)