## **PURCHASE REIMBURSEMENT FORM**

This form and all required documentation must be filled out and returned to the MIE Business Office immediately after each purchase is made. **No single transaction may exceed \$499.** Request submitted after 60 days becomes taxable income.

## **COMPLETE AND ATTACH THE FOLLOWING INFORMATION**

- 1. Purchase Reimbursement Form
- 2. Original Receipt

3. S	ction 7.4 Cash Purchase	
•	Has approval been received from the Unit Head to determine that the best interest of the Unit and	
	the University were served? YES NO If yes, attach confirmation.	
•	was a sinversity of minors system contract available for the parenase.	
	YES NO If yes, why was it not utilized?	
•	Was a Purchasing Card (P-Card) available to make the purchase?	
	YES NO If yes, why was it not utilized?	
Date Sub	mitted:	
Name/UI	N Number:	
PI Name	and Signature: (You may print e-mail approval on back of request if signature is not provided.)	
Account I	Number to Charge:	
Purchase	Date:	
Company	Name:	
Total Am	ount:	
lustificati	ian (Durnaca must answer what when where who why and how it handits University).	
Justificati	ion (Purpose must answer what, when, where, who, why and how it benefits University.):	