

Marine, Earth and Atmospheric Sciences

Cash Reimbursement Authorization Request

CHECKLIST:

1. **Attach original receipts taped to 8.5 X 11 inch paper. Indicate clearly what items were purchased and the business purpose.**
2. **For meetings, list the names of the person/people who attended and the purpose of the meeting (include the meeting agenda).**
3. **For restaurant food, attach both the bill showing the details of the food that was purchased and the credit card receipt showing the tip and the full amount of the charge**

This is to certify that the following individual was authorized to purchase the items, for the amount specified, from the following store(s), on the following date(s) as listed below:

I N F O R M A T I O N	Name: _____	Amount: _____
	Title: _____	Date: _____
	Store(s): _____	Project number: _____
	Items Purchased: _____	

	Business Purpose: _____	
	Purchaser's Signature: _____	
	Printed Name: _____	

A P P R O V A L S	Approved by: _____	Date: _____
	Principal Investigator (for grant projects)	
	Approved by: _____	Date: _____
	Dr. Lewis Owen, Department Head	

Cash Reimbursement checks will be sent to your home address:

Home Address: _____

City _____ State _____ Zip Code _____