

## General Expense Form

**PURPOSE:** Use this form to request reimbursement for all items purchased with your personal money (except travel and entertainment).

**PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM AND SUBMIT TO YOUR ADMINISTRATIVE CONTACT PERSON**

**Date:** \_\_\_\_\_

**Name (First, Middle, Last):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address  
Or Mail Code:** \_\_\_\_\_

**Items:** \_\_\_\_\_

**Purpose of Items:**

### Fund Source/Chart String To Be Charged:

Entity#:	<input type="text"/>	Program#:	<input type="text"/>
Fund#:	<input type="text"/>	Location#:	<input type="text"/>
Financial Unit#:	<input type="text"/>	Project#:	<input type="text"/>
Account#:	<input type="text"/>	Task#:	<input type="text"/>
Function#:	<input type="text"/>	Award#:	<input type="text"/>
		Funding Source#:	<input type="text"/>

**Amount to be reimbursed:** \_\_\_\_\_