

Received Expense Reimbursement Form

Reimburse _____ Cost Center/
Speedtype # _____

Date of Receipt _____ Reimbursement amount _____

Purpose/Benefit:

For a business meal, list attendees and their affiliation; mark the speaker with * if applicable.

I understand that for transactions that normally require gratuity, employees may be reimbursed for gratuity up to 20% of the transaction only.

Attendee Affiliation

REQUIRED SIGNATURES:

This is a legitimate university expense for which I was not previously reimbursed by the University of Houston or another source.

Reimbursee: _____ Date: _____

PI(s) of Cost Center(s) _____ Date: _____

Supervisor: _____ Date: _____

Please email completed form and submit original receipts to ap@math.uh.edu or place them in AP mailbox in PGH 651H no later than 60 days after the event.

** If the receipts are not legible copies, proof of payment may be requested.