

Request for eReimbursement**Payee Information**

Payment:

Name:	Date:
Email:	UW Box:
Phone:	Form Prepared by:

Reimbursements for alcohol can only be made from the Chair's Discretionary Fund and must have prior approval. In accordance with UW purchasing regulations, reimbursements for meal expenses conducted for official UW Pathology business shall be subject to a per diem limit of \$18 for breakfasts, \$21 for lunches, and \$32 for dinners.

Business Purpose:

Budget	Task Code	Option Code	Project Code	Description of Items Purchased	Amount
Total					

Food and Meeting-Related Expenses (Required)

List of attendees:

Fiscal Approval

Faculty/Supervisor Signature: _____ Printed name: _____ Date: _____

(Required if requester does not have signature authority on budget)

Budget Manager Signature: _____ Printed name: _____ Date: _____

Please submit completed *Request for eReimbursement* form to the following:

Stephanie Hughes
 Box 357470
 Phone: 543.1141 Fax: 543.3644
 Health Sciences Center, Room C-517
 reimbursements@pathology.washington.edu