

## Cash Reimbursement Request Form

Include this form with your TEM submission if:

1. you made a purchase with personal funds and are seeking reimbursement from UI,
2. your purchase is less than \$500, **and**
3. your purchase is not related to travel or a business meal.

Please complete all fields, sign and date, and route to appropriate unit contact for review and signature.  
Form will not be approved if any fields are left blank.

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1. Purchaser's name:

2. Supervisor's name:

3. Description of item(s) purchased:

4. Justification for purchase, including business purpose:

5. Reason the item(s) could not be purchased with a University P-Card or purchase order (*be descriptive*):

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit Head Signature \*\*

\_\_\_\_\_  
Date

Unit Head Printed Name: \_\_\_\_\_

\*\*Unit signature indicates that the unit head approves of the information provided on this form and has determined that the best interests of the unit and the University are served.

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Reimbursement of purchase is subject to approvals by your department head and by University Payables.  
Inclusion of this form with your TEM reimbursement request does not ensure that the request will be approved.