

**IDAHO STATE UNIVERSITY**  
**Request for Reimbursement**

Please reimburse the following individual for expenses incurred for Idaho State University for the following activity:

Promotion  
Public Relations  
Other: Explain \_\_\_\_\_

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

Individual: \_\_\_\_\_ SS#: \_\_\_\_\_

Address or Campus Box: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_ Acct Name: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Event Date: \_\_\_\_\_

Itemized list of people involved:

<u>Name</u>	<u>Affiliation</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Business purpose and event description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol purchases cannot be reimbursed from state-appropriated or grant accounts.

All claims for reimbursement must be supported by original **itemized** receipts and submitted to the University Accounting Office at Campus box 8219 for processing.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Department Director