NON-TRAVEL REIMBURSEMENT FORM

UNIVERSITY OF WASHINGTON
DEPARTMENT OF PEDIATRICS
BOX 356320
Remit to Financial Accounting at pedorder@uw.edu

Reimbursement must be submitted within 60 days from the purchase date, or it will be income taxable

DATE: _____

NAME: _____ **E-MAIL:** _____

ADDRESS TO MAIL CHECK:
(Only required for non-UW employees and students)

BUSINESS PURPOSE:

Required: If reimbursement is for food/snacks, you must include a list of attendees and the date & time of the meeting, training, or recognition event. Add this to the business purpose, comments section, or attach a document.

PURCHASE DATE	DESCRIPTION	AMOUNT	WORKTAGS Program, Grant, Gift, Cost Center and Resource, Activity, etc.
		$ 0.00	**TOTAL AMOUNT**

COMMENTS / ADDITIONAL INFORMATION:

SIGNATURE: **I certify that the above charges are appropriate, allowable, and in direct support of the Department and University.** DATE: