

# MECHANICAL ENGINEERING EXPENSE REIMBURSEMENT REQUEST

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Dept: \_\_\_\_\_ UC Employee:  Yes  No

Reimburse me by: Check  Direct Deposit  Petty Cash Form

**You must attach ORIGINAL receipts to this form. Or attach a 'Missing receipt form'**  
(Please note: a cash register tape or credit card receipt that does not describe the items purchased is not acceptable)

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Description	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Total \$	

**Justification for expenditure:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Faculty Advisor Name:** \_\_\_\_\_

**ME Account Name/Number to be Charged:** \_\_\_\_\_

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

**Authorized Signature for this budget:**

\_\_\_\_\_

**Printed Name**