



University of Washington
Department of Physics

Box 351560
Seattle, WA 98195

Tel: 206-543-2770
Fax: 206-685-0635

Request for Reimbursement

Please attach **original** receipt(s).

Please fill out this form completely and turn it in to the main office, C121.

Today's Date: _____

Payee Name: _____

Preferred Payment Method: Direct Deposit _____ Check _____

Address (Please let us know your address, if you want a check.): _____

UW Net ID/Email: _____

Budget Number: _____ Budget Approver: _____

Account Code/ Object (Expense) Codes (<https://finance.uw.edu/fr/references/object-codes>):

Project Code (optional): _____

Food or Beverages: Yes _____ No _____ (Attach a list of all attendees, if **YES**.)

Is this a Travel Expense: Yes _____ No _____?

(If **YES**, please turn in reimbursement to travel coordinator.)

Expense Description: _____

Business Purpose: _____

Amount: \$ _____ USD

Was Sales Tax Paid: Yes _____ No _____ Item Not Taxable _____