

Religious Studies Reimbursement Form

DATE: _____

NAME: _____

BUSINESS PURPOSE: _____

	REIMBURSEMENT (e.g. books, supplies, memberships, etc.)	BUSINESS MEAL	PAY VENDOR/HONORARIUM (Less than \$5,000) (e.g. guest speakers, editors, translators, etc.)	PAY VENDOR/HONORARIUM (Greater than \$5000) (e.g. guest speakes, editors, translators, etc.)	
TRAVEL					

AMOUNT					

ACCOUNT(S) TO CHARGE (I.E. STARTUP/HRF/RESEARCH/ETC): _____

IF ACCOUNT IS OUTSIDE OF RELIGIOUS STUDIES PLEASE PROVIDE THE FOLLOWING INFORMATION:

DEPARTMENT: _____

NAME OF FUND IF KNOWN: _____

CONTACT PERSON IN DEPARTMENT: _____

IF PAYING A VENDOR (INCLUDING GUEST SPEAKERS) PLEASE PROVIDE:

VENDOR NAME: _____

VENDOR ADDRESS: _____

VENDOR CONTACT INFO (EMAIL OR PHONE): _____

INDICATE WHETHER RECEIPTS ARE ATTACHED OR WILL BE SENT ELECTRONICALLY:

NOTES:

OFFICE USE ONLY:
