THE UNIVERSITY OF KANSAS

Employee Reimbursement Form

Employee Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

I purchased the following items or services for use by the University of Kansas, and am seeking reimbursement. All listed purchases are now University property, and I no longer have any ownership of the purchases listed. The listed purchases are not being reimbursed with other University funds or any outside entity. All original receipts are submitted. I fully understand the entire reimbursement may be denied if proper procurement procedures were not followed.

Description of Purchase	Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
Total	$ 0.00

_____ _____
Employee Signature Date

_____ _____ _____
Signature of Person Authorizing Reimbursement* Title Date

*May not be same as employee being reimbursed

Updated 1/7/11