

Supply Reimbursement

Please attach all original receipts and return to the Business Office

<u>businessoffice@gsm.ucdavis.edu</u>

,	eciare that: I/or made an unauthorized purchase on behalf of Th a as follows:	١E
Today's Date:		
Reimbursement to:		
Mailing Address:		
City:	State: Zip Code:	
Phone Number:		
E-mail Address:		
Reimbursement Amount:		
Account(s) to be Charged:		
Description of the Item and Purpose:		
Please explain your reasoning for no and/or IT Department, etc.:	t making your purchase through the Business Office	9
Approval Signature:	Date:	