

**DEPARTMENT OF ORAL HEALTH SCIENCES  
NON-TRAVEL REIMBURSEMENT REQUEST**

DATE OF PURCHASE	
WORKTAG(S) <i>(previously referred to as budget name)</i>	
VENDOR NAME	
CLAIMANT <i>(include mailing address if not employed at UW)</i>	
<b>PURPOSE</b>	<i>(If a grant worktag is used, explain how the charge benefits the project.)</i>

**PLEASE REMEMBER TO PROVIDE ELECTRONIC COPIES OF RECEIPT(S). PAPER RECEIPTS WILL NEED TO BE SCANNED.**

DESCRIPTION OF ITEMS PURCHASED	AMOUNT
TOTAL	

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Claimant Signature Date

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Principal Investigator *(if grant worktag is being used)* Date