

# DEPARTMENT OF ORAL HEALTH SCIENCES

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## NON-TRAVEL REIMBURSEMENT REQUEST

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SOD Food Approval Case #: \_\_\_\_\_

DATE OF PURCHASE		
WORKTAG(S)		
VENDOR NAME		
CLAIMANT <i>(include mailing address if not employed at UW)</i>	I am a UW <input type="checkbox"/> employee or <input type="checkbox"/> non-employee student.	
	Visa type, if you are not US Citizen or Green Card Holder:	
PURPOSE	<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.  
IF REIMBURSEMENT REQUEST IS FOOD RELATED, INCLUDE LIST OF ATTENDEES**

DESCRIPTION OF ITEMS PURCHASED	AMOUNT
TOTAL	

\_\_\_\_\_  
Claimant Signature Date

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