



**Reimbursement/Purchase Request**

Your Name \_\_\_\_\_

UNCG ID: \_\_\_\_\_

Fund to be charged: \_\_\_\_\_  
(if you do not know fund number, please describe funding source)

Date of request/purchase: \_\_\_\_\_

Amount: \_\_\_\_\_

**PURCHASE REQUEST ONLY**

Vendor: \_\_\_\_\_

Item(s):

Who: \_\_\_\_\_

What: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

Why: \_\_\_\_\_

**REQUIRED FOR REIMBURSEMENT:**  
 Itemized receipts  
 5 W's (who, what when, where, why)  
 Number of attendees, if for an event  
 List of attendees - if an event of 25 or less