

**UNIVERSITY OF ARKANSAS
NON-EMPLOYEE
REIMBURSEMENT CLAIM FORM**

DEPARTMENT: _____ DATE: _____

PAY TO: _____

REMITTANCE ADDRESS

FOR PAYMENT: _____

FOR: Non-employee reimbursement claim as follows:

DATE PURCHASED	ITEM DESCRIPTION	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL: (May not exceed \$5000.00 without special authorization)		_____

I hereby certify that the items described herein were purchased for the University of Arkansas and were paid for from personal funds.

Requestor Signature

Department Approval Signature

REQUIREMENTS FOR REIMBURSEMENT

An expenditure from personal funds is an exception to authorized purchasing procedure and should occur only under an emergency condition. Prior approval of the Procurement Section should be obtained when possible. The following information should be provided with this form:

- 1) Explanation of circumstances why a purchase order was not used.
- 2) Completed Requisition showing the name and address of the individual to be reimbursed as the source procured from.
- 3) Paid itemized receipts.

Explanation:

