

UNIVERSITY OF ARKANSAS AT PINE BLUFF
PINE BLUFF, ARKANSAS 71601

REIMBURSEMENT CLAIM FORM

DEPARTMENT: _____ DATE: _____
PAY TO: _____

 ZIP _____

FOR: Reimbursement for miscellaneous small expenditures as follows:

Date(s) Of Purchase(s): _____

Item(s):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
RECEIPTS ATTACHED TOTAL:	\$ _____

I hereby certify that the amounts set out herein were legal obligations of the University of Arkansas at Pine Bluff, and were paid from personal funds.

Signature of Person Account is Due

APPROVED:

Head of Department (Signature)