

School of Art Reimbursement Request

your name: _____
 address: _____

charge to:

- instructional needs (faculty)
- materials fees (faculty)
- special account: _____
- funding source: _____ amount: _____ purpose: _____
(Art, Dean, GUSH, etc.)

original receipts must be dated within the last 30 days
 we cannot reimburse Pennsylvania sales tax; please deduct from total

	vendor	description (not just "materials", "supplies")	total
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

TOTAL DUE: _____