# UNIVERSITY OF MARYLAND

DEPARTMENT OF CIVIL & ENVIRONMENTAL ENGINEERING

**REIMBURSEMENT REQUEST FORM**

**THIS FORM NEEDS TO BE FILLED OUT ENTIRELY**

**DATE:**

**NAME:**

**EMAIL**: **PHONE #:**

**ADDRESS**:

**KFS ACCOUNT**:

Explanation: (Please state reason for reimbursement request)

**\* A RECEIPT IS NECESSARY FOR EVERY ITEM FOR WHICH YOU ARE REQUESTING A REIMBURSEMENT**

[**THERE ARE SPECIAL GUIDELINES FOR REIMBURSEMENT OF FOOD ITEMS.**](http://www.dbs.umd.edu/travel/policy/umtravel/trav_guide.php)

Do you have the following attached? Itemized receipt(s) List of attendees

# Use for multiple reimbursements:

|  |  |  |
| --- | --- | --- |
| Merchant | Amount ($) | Brief Description |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| TOTAL AMOUNT | $ 0.00 |  |

Additional comments:

Requested by:

SIGNATURE DATE APPROVING AUTHORITY SIGNATURE DATE

Revised 12/17