

College of Engineering, Computing and Applied Sciences - EEES

REIMBURSEMENT FORM

Date:

Employee to be Reimbursed:

Account Number:

Total Cost:

☐ Business Meal

☐ Supplies/Other

Attendees:

Vendor:

Purpose:

Purpose of Meal & Nature of Business Discussed:

Location:

Comments:

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Purchaser Signature

PI Signature

Dean Signature

Print Form

*Submit to **Stacey Sanders** - stacey6@clermson.edu with all paid receipts attached.