

College of Architecture, Arts & Humanities
Request for Non-Travel Reimbursement

Date

Name

CUID#

\$
Amount

**Please attach detailed receipts for all expenses*

Purpose of expenditure: _____

I confirm I have purchased the above item(s) for which I am requesting reimbursement:

Requesting Signature

For Office use only:

Account number

Signature of Department Chair/Project Director

Date

** Non-travel reimbursements are strongly discouraged at Clemson University and should only be used for unusual circumstances. **