



UNC
SCHOOL OF MEDICINE

BIOCHEMISTRY AND BIOPHYSICS

REIMBURSEMENT REQUEST

NAME: _____

PID#: _____

HOME ADDRESS:

REIMBURSEMENT FOR:

DATE: _____

AMOUNT: \$ _____

ACCT TO CHARGE: _____

PI's Signature: _____

NO REIMBURSEMENT WILL BE PROCESSED WITHOUT PI SIGNATURE!

NOTE: Please attach all original receipts to a separate piece of paper, securing each individual receipt by scotch tape. Please **DO NOT** place tape over or **HIGHLIGHT** any identifying aspects of the receipt from which you are being reimbursed. We must be able to make out all items, as well as, the charges for each and the grand total.