



Non-Travel Reimbursement Request (non-meeting)

Date:
Requestor:
Account Holder:
Amount:

To ensure reimbursement pre-approval is highly recommended. Reimbursements are subject to Foundation policy and procedures. If the reimbursement involves items that could be purchased via the PO process, then a PO should be used.

Project Name or Administrative Account:

To: Executive Director or Designee

Attached is/are original receipts and receivers/packing lists for which I seek reimbursement from the Midwest Veterans' Biomedical Research Foundation. These charges represent justifiable research, educational or administrative expenses herein specified:

[Empty box for listing expenses]

(If additional space is required attach a second sheet)

Mailing address for checks: (Checks will be made only to the requestor)

Name:
Address:
City, State:
Zip Code:

By signing below the requesting party is certifying that they are not being reimbursed from any other source in breach of the Foundation's code of ethics and Internal Revenue Service guidelines on reimbursed employee expenses.

Thank you for your assistance.

Requestor's Signature

Account Holder Signature

Approved by: Date:
Executive Director or Designee