

IDST REIMBURSEMENT REQUEST FORM

Name: _____ Virginia Tech ID #: _____

Office Address:

Fund to be Charged: _____ (CIL, CEUT, etc.)

Item(s) purchased for which reimbursement is being requested (list date received if no packaging slip is available):

1. Item: _____ Cost: _____ Date: _____

2. Item: _____ Cost: _____ Date: _____

3. Item: _____ Cost: _____ Date: _____

4. Item: _____ Cost: _____ Date: _____

5. Item: _____ Cost: _____ Date: _____

(Attach original receipts or front and back of cancelled check for each item. If payment was made via credit card, then receipt must show a zero balance or list the amount charged to visa. If not, the visa statement listing the charge is also required.)

Purpose for which item(s) was purchased:

1.

2.

3.

4.

5.

If using program funding, the director's signature and approval must be obtained before payment will be processed.

(Director's signature)

(Date)

Approved: _____

Denied: _____