**Event/Honorarium/Other – Reimbursement form**

**Information**

|  |  |
| --- | --- |
| Date Submitted: |  |
| Index: |  |

**Reimburse to:**

|  |  |
| --- | --- |
| Name: |  |
| Email: |  |

**Event Reimbursement:**

|  |  |
| --- | --- |
| Date of event/expenses: |  |
| Title of talk: |  |
| Location of event: |  |
| Purpose for reimbursement: |  |
| Food total: | $ |
| Alcohol total: | $ |

[ ]  Attach sign in sheet/participant list

[ ]  Attach detailed receipts

**Honorarium Reimbursement:**

|  |  |
| --- | --- |
| Date of talk: |  |
| Title of talk: |  |
| Honorarium amount: | $ |

[ ]  If new payee to system, please provide completed W9 form with email & phone number

**Other Reimbursement:**

|  |  |
| --- | --- |
| Date of purchase: |  |
| Description of reimbursement: |  |
|  |  |
| Total reimbursement amount: | $ |

[ ]  Attach detailed receipts