

*Institute for Energy Efficiency*  
**Reimbursement Information Form**

Reimbursement to be paid to: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Direct Deposit      Campus Mail

Total cost to be reimbursed: \_\_\_\_\_

Account-fund: \_\_\_\_\_

List of items purchased: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business, and that I have attached original receipts for each expense as required by University policy.*

\_\_\_\_\_  
Payee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PI si nature (if applicable)

\_\_\_\_\_  
a e