

### Notes about this form

This form is a University form, therefore it is not as specific to Engineering as we would like, however, it is to be used for faculty and students.

### Details

- Line for Employee is actually Payee which could be Employee or student. Note somewhere at the top, **prominently**, which organization the expense is to be charged to.
- If the expense is for pizza and beverages, or food of that sort, list it as a business meal.
- List approximate number of attendees, location of meeting and purpose of meeting. (Example: General meeting for ASCE members) Not necessary to include names of guests.
- In the space to the left of the Total line, please have your advisor sign this form.
- The approved form, with all receipts attached, should then be brought to CEER 202B for Gayle Doyle to approve the expense.
- All reimbursements will be sent through to Accounts Payable who will cut a check to the payee.
- If the reimbursement is associated with travel (conference, competition, etc.) you must fill out a travel expense form rather than a request for reimbursement.
- Only expenses that are within the parameters of the original budget proposal will be reimbursed.

Any questions feel free to contact [gayle.doyle@villanova.edu](mailto:gayle.doyle@villanova.edu)

**Villanova University**  
**Procurement Department**  
**Request for Reimbursement for Business Expenses**  
 (to be used for Employee or Student ONLY)

\_\_\_\_\_  
 voucher # Procurement use

Banner ID: \_\_\_\_\_

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

where the check will be sent

Type of Expense:       Business Meal       Supplies       Other \_\_\_\_\_

**Business Purpose:**

Meals: Provide the following information:

Location \_\_\_\_\_ Date \_\_\_\_\_

Topics of Discussion \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Name of Guests, including titles: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supplies or Other: Indicate clearly what items were purchased, what they are used for, and why personal funds were used.

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

NOTE: All original detailed receipts MUST be attached. If a personal check was used, a copy of the front and back of the cancelled check must also be provided. If a personal credit card was used a copy of your credit card statement must also be attached.

Procurement Use	Index / Account	Amount

Total \_\_\_\_\_

I the undersigned verify the above statements to be true and correct, and that all expenditures were for Villanova University business purposes only.

Payee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approvals: All requests for reimbursement must be approved by the employee's supervisor

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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**Official Use Only:**

Procurement Approval: \_\_\_\_\_ Controllers Office: \_\_\_\_\_