

UNIVERSITY OF MARYLAND  
**Reimbursement Request Form**

SS# (not UID!) \_\_\_\_\_ Date \_\_\_\_\_

Pay To \_\_\_\_\_

Home Address \_\_\_\_\_  
 (not Campus Address!) \_\_\_\_\_

Originating Dept English

On Payroll       YES       NO

**SUMMARY OF RECEIPTS**

Example		
1		\$
1	Food items - Trader Joes - seltzer, ice, cups, etc.	25.69
Quantity	Description	Amount

Detail for reimbursement (complete all that apply):

Name of Research Project/Function: \_\_\_\_\_

Names of attendees (or attach list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**When Check is Ready:**

Mail to address shown       Department will pick up; call:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Comments/Explanation**

I hereby certify that the information related to this Disbursement Voucher (DV) Document requesting reimbursement for expenses is just and correct. I certify that all charges and/or reimbursements are for legitimate University of Maryland business, that the amount is legally due and that no part of the same has previously been paid or will be paid by another source.

**Requested By** \_\_\_\_\_ **Date** \_\_\_\_\_  
 Signature of Payee: (or attach signed form, receipt, letter of invitation, etc.)