

Chbe Non Travel Reimbursement Request Form

Please attach all itemized receipt(s) and proof of purchase for all reimbursement requests
Or check here if receipt(s) has been uploaded to Concur

Date : _____ Requestor Name: _____

Speedtype: _____ Total Amount: _____

Payee Name: _____ CU Employee? **Yes** **No**

If **NO**, please provide email and mailing address for non-employee: _____

If **NO**, is Payee a US citizen? **Yes** **No** _____

Email: _____

Description of Item(s) – please list all items for reimbursement

Business Purpose - please explain how this expense relates to official University business?