



University of Colorado Boulder  
Department of Psychology & Neuroscience

***Personal Expense Reimbursement Request***

Date to Business Office: \_\_\_\_\_

Payee Name: \_\_\_\_\_ CU Employee?    Y    N

If "No" please provide Payee Address:

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

Email address: \_\_\_\_\_

Vendor: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Speedtype(s): \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

**\*\* Email form & receipts to your Account Tech \*\***

**Please include *itemized* receipts (must clearly state what was purchased)**

**Brief Description** – please explain **what** was purchased:

**Business Purpose** – please explain **how** this benefits official University business:

***For official functions:***

10 people or less, please list all attendee's names & affiliations

11 people or more, please list groups of attendees (i.e. 5 faculty, 5 staff, 10 students, etc.)