



Request for Non-Travel Related Expense Report – Personal Reimbursement

Date _____ Employee Name _____

ER Number _____ Employee Classification: Remote _____ Flexible _____ In-Office _____

Type of Reimbursement: Remote Work _____ Wireless/Data _____ Official Function Related _____ Other _____

*If for Cellular/Data, only complete items in the box below.

Personal Reimbursement Description (Please provide as much detail as possible including date of payment, what was purchased, vendor used, purpose, etc.):

Provide justification of extraordinary circumstances that warrant the use of a personal reimbursement:

For Remote High Speed and/or Wireless Data Access Only:

New Request _____ Renewal of previous approval _____

How do you know this plan is a reasonable cost provider of comparable remote data service in the service area? _____

Explain in detail the justification that warrants the use of university paid data services.

I certify that I have read and understand the University Policy on Personal Reimbursement, and if applicable, the University policies on Payment for Remote High Speed Data and/or Wireless Data Access, and the Flexible Work Arrangements including Remote Work.

Employee: _____

Dean/Director: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Approved forms are to be submitted along with receipts as attachments to the Expense Report in Workday. Official Function Forms should be submitted in addition to the above, when required.