SALISBURY UNIVERSITY

REIMBURSEMENT REQUEST

Vendor Name:	
Vendor Address, line 1:	
SS Number or EIN:	
Vendor Address, line 2:	
City, State and Zip Code:	
Vendor Email Address:	
Vendor Telephone #:	

Reason for reimbursement:

Reimbursement Amount: $_____ . _____

USource(s) to be charged: _____ _____ _____

Spend Category to be charged: _____

Budget Administrator/PI Printed Name & Signature:

_____**Date:**_____

Upload completed form in WorkDay as a backup document for the Supplier Invoice Request.