

# Reimbursement (Non-Travel) Form

Purchaser Name: \_\_\_\_\_ ID: \_\_\_\_\_ UI Employee

E-mail Address: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor (Please limit to one vendor per order form): \_\_\_\_\_

INDEX NUMBER	ACTIVITY CODE

**Billing & Shipping Information:**

Engineering Finance  
 University of Idaho  
 875 Perimeter Drive  
 MS 0905  
 Moscow, ID 83844-0905  
 engr-finance@uidaho.edu

ITEM#	QTY	UNIT	DESCRIPTION	COMM. CODE	UNIT COST	TOTAL COST

Description of Purchase: \_\_\_\_\_

**SUBTOTAL:** \_\_\_\_\_

\_\_\_\_\_

**SHIPPING:** \_\_\_\_\_

\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

The following items may not be purchased: Alcohol Beverages, Controlled Substances, Ammunition, Weapons, Food, Water, Entertainment, Gifts, Hospitality Expenses (food/flowers/plants) Household Moving Expenses, Decorations, IKON Consulting Fees, One Time Services, Independent Contractors, Radioactive/Hazardous Materials, Personal Items, Utilities/Cellular phone charges, On-campus purchases. THIS ORDER IS EXEMPT FROM IDAHO STATE SALES TAX. THIS ORDER IS EXPRESSLY LIMITED TO A MAXIMUM OF \$5000.

**Chair/Director/Advisor Authorizatlon**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form and provide copy of invoice/receipt to engr-finance@uidaho.edu