

**Business Office Use:**

KFS# \_\_\_\_\_

REF# \_\_\_\_\_

DATE \_\_\_\_\_

**iSchool Expense Reimbursement Request Form**

**[THIS FORM MUST BE SUBMITTED WITHIN 60 DAYS OF PURCHASING GOODS/SERVICES]**

*\*COMPLETED FORMS AND EXPENSE RECEIPTS SHOULD BE EMAILED TO [ischooladmin@umd.edu](mailto:ischooladmin@umd.edu)\**

REQUESTOR INFORMATION	
Full Name (Last, First)	
UID/SSN*	
Mailing Address	
Email	
Phone	

*\*SSN required for non-iSchool employees. Call 301-405-2039 to provide SSN.*

EXPENSE(S) INFORMATION				
DATE PAID	DESCRIPTION OF ITEM/SERVICE (RECIPTS REQUIRED FOR ALL EXPENSES)	WHY DO YOU NEED THIS ITEM/SERVICE?	AMOUNT	ACCOUNT NUMBER*

*\*If grant or contract funds, your signature certifies expenses are directly related to the project and are within the scope of the approved budget.*

APPROVAL SIGNATURES	
Reimbursement TOTAL	
Requestor Signature	
PI/Unit Lead Signature	

**FOR TRAVEL OR BUSINESS MEAL REIMBURSEMENTS PLEASE USE APPROPRIATE FORM FOUND AT:**

<https://internal.ischool.umd.edu/finance-administration/travel/>