

**Dept. of Elected Officials' Grievance  
Non-Travel Reimbursement Form**

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

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

Employ Id: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL PURCHASES**

	<i>Receipt Date</i>	<i>Vendor</i>	<i>Description</i>	<i>Amount</i>	<i>Speed Type</i>
1.				\$	
2.					
3.					
4.					
5.					
<i>Sub-total</i>				\$	

**SUBSCRIPTION/MEMBERSHIP**

	<i>Receipt Date</i>	<i>Vendor</i>	<i>Description</i>	<i>Amount</i>	<i>Speed Type</i>
1.				\$	
2.					
<i>Sub-total</i>				\$	

**BUSINESS MEALS**

Please provide an itemize receipt for each meal, list of attendee names, and include Purpose/Benefits on a separate sheet (attached).

	<i>Receipt Date</i>	<i>Vendor</i>	<i>Description</i>	<i>Amount</i>	<i>Speed Type</i>
1.				\$	
2.					
<i>Sub-total</i>				\$	

**Total \$ \_\_\_\_\_**

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

Purpose/Benefits: \_\_\_\_\_

Comments: \_\_\_\_\_

Dept. of Chemical & Biomolecular Engineering  
**Business Meals Reimbursement**

**Name:** \_\_\_\_\_

**Receipt Date:** \_\_\_\_\_

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

**Name of Attendees:** \_\_\_\_\_

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

**Purpose/Benefits:** \_\_\_\_\_

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

Please attach the receipt on this page.