Reimbursement for Goods and Services
Wireless Networking and Communications Group

Requestor: _____ EID: _____

☐ GOODS OR SERVICES *(Itemized receipts showing each item are required for reimbursement. Only one receipt per form.)*

Description of Items purchased : _____

Total Amount of Receipt *(you will **not** be reimbursed for Texas sales tax)*: _____

☐ ENTERTAINMENT *(Itemized receipts showing each item are required for reimbursement. Only one receipt per form.)*

Purpose of the event: _____

Benefit to the University: _____

If you need your reimbursement by a specific date please state the date and the reason:

_____

Participant(s):
(required if 10 or less)

Name	Title	Affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ _____
Signature of Requestor Received by WNCG Staff

_____ Account to be charged: _____
Signature of PI/Supervisor

ALL ORIGINAL RECEIPTS MUST ACCOMPANY THIS FORM FOR REIMBURSEMENT