Please attach all receipts - See below for requirements

Name:  

UNCG ID:  

888-00-0000 or 890-00-0000

Fund #:  
i.e. Research; department; grant funds

Amount:  

Lab #:  

Date:  

Requirements for Reimbursement
All Receipts Must Show 4 Things
1) Who Paid  2) How Paid  3) What was paid for  4) Zero balance or Amount Paid

For Food/Entertainment
1. Itemized Receipt
2. 5 W’s - please list below
3. If less than 25 people attended - List Names

For Lab Supplies
1. Itemized Receipt + 5 W’s IF Food Related
2. Explanation of unusual purchases
   ex: heating pad - used to keep mice warm while under sedation

The 5 W’s

Who:  

What:  

When:  

Where:  

Why:  

List of Attendees (IF less than 25 people - you may use the back)