



*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 Reimbursments**

**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)
