

**Reimbursement Request Form**

**Name: >Banner ID: >**

**Date of Request: >Number of receipts attached**: n

**Index: >-or- Project Name: >**

**Explain, in detail, how this purchase will benefit UNM and/or the Center for Social Policy. This is required for all reimbursements by UNM. Additional detail may be requested.**

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| --- | --- | --- | --- |
| Description of Receipts  -Please attach each receipt to a separate piece of paper and staple all together or put all receipts in an envelope. Clearly number the back of the receipt to match description in table. If the number of receipts exceeds table, see extension table on next page. | | | |
| Receipt Number | **Date** | **Vendor** | **Total\*** |
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**\*UNM is tax exempt. Therefore, any sales tax paid cannot be reimbursed.**

Signature

DATE

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| Additional description of receipts (if needed)  -Please attach each receipt to a separate piece of paper and staple all together or put all receipts in an envelope. Clearly number the back of the receipt to match description in table | | | |
| Receipt Number | **Date** | **Vendor** | **Total\*** |
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