

## Expenditure Reimbursement Request Form

### Project Details

Research Grant Number:

Project PI:

Job Number:

Tel:

**Expenditure Reimbursement** shall be used to purchase items with a value less than or equal to \$2,500 or equivalent.

**Expenditure Reimbursement** may not be used for:

- Purchase of supplies costing more than \$ 2,500 (Invoice splitting is not permitted);
- Travel Expenses, except for local conveyance (taxi fare);
- Any items for personal use;
- Research project personnel and technical consultants payment;
- Personal loans or salary advances.

*Signature of Principle Investigator (PI)*

*Date Signed*

Note: Only the Principal Investigator can be reimbursed for the purchase items.

### Detailed Invoiced Items:

Invoice No.	Company	Budget Category/Item	Amount (Specify Currency)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Payment Information:

Pay to the order of:

Total Amount:

**I hereby certify that, to the best of my knowledge the above information is true and correct**

*Signature of Principle Investigator (PI)*

*Date Signed*

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**I hereby certify that, to the best of my knowledge the above information is true and correct**

*Signature of Research Grant Coordinator*

*Date Signed*

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**All fields must be TYPED (NOT hand written) and COMPLETED**