## Department of Biomedical Engineering

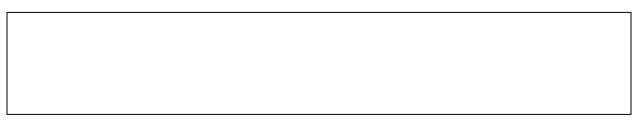
## Expense Reimbursement Form Non-University Personnel

University of Minnesota

Complete this form and *attach original receipts* for each expense item listed below. Return to: **Sarah Schmidt, 7-105 Hasselmo Hall, 312 Church St SE, Minneapolis MN 55455.** The reimbursement check will be mailed to the address you provide on this form.

Name		
Street Address		
City, State ZIP		
Phone/Email	/	
Description of Expenses (No alcohol allowed)		Amount
	TOTAL	

Justification (Who, What, When, Where, Why/How - Must explain how the expenses directly relate to or benefit the research or educational mission of the department)



By signing below, I certify that I have incurred the above expenses and have not been reimbursed by any other source.

Signature		Date
	FOR OFFICE USE ONLY	
EFS Account	Date Received	Authorized