

THE LAWRENCE - REIMBURSEMENT BY CHECK FORM

(For Non-Travel/Non-Entertainment Reimbursements)

LHS CONTACT NAME: _____ WORK PHONE: _____
 EMPLOYEE ID: _____ DEPT/GROUP: _____
 DATE: _____

Supervisor/PD/PI Signature Approval	Print:	Signature Approval:	Date:
Financial Analyst Signature Approval	Print:	Signature Approval:	Date:
Secondary Authorized Approval (Optional)	Print:	Signature Approval:	Date:

CHARGE TO: Pre-Approval from fund manager & Florencia Ramos, Deputy Director, LHS attached:

FUND NAME	BU	ACCOUNT	FUND	DEPT	PRG	CHRTFLD1	CHRTFLD2	AMOUNT
	10000							
	10000							
	10000							
	10000							
	10000							
PROGRAM/ EVENT & DATE: _____								TOTAL:

DESCRIPTION OF PURCHASES & _____

Expense budgeted for FY 25/26? YES NO If C&G, list budget line item: _____

***If not budgeted, please explain how this expense will be covered by your budget:**

**Include receipts below or attach on a separate sheet and circle totals.
 Itemize and indicate vendor name and address if not printed on receipt.**

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business on the dates shown, and that I have attached receipts for each expense, as required by University policy.

Payee Signature