



Potsdam

THE STATE UNIVERSITY OF NEW YORK

REIMBURSEMENT JUSTIFICATION FORM

Date: _____

Name: _____

Address: _____

City, St. Zip : _____

Social Security Number: _____

Item(s) Purchased:

Amount of reimbursement: _____
(Do not include sales tax - we are tax exempt)

JUSTIFICATION FOR PURCHASE:
(State reason(s) for not following normal Purchasing procedures)

Signature of person requesting reimbursement: _____

Department: _____

Account Number: _____

Signature of person authorized to sign for this account number:

Please attach all receipts pertaining to this purchase to the back of this form and return the form to the Purchasing & Payables Office.