



## Reimbursement Request Form

To be completed and signed by the person requesting reimbursement

*I hereby certify that the expenses listed below were incurred by me and are considered necessary and appropriate expenditures of the University or Foundation. By my signature, I acknowledge that the goods purchased become property of Virginia Tech.*

(Please paste below or attach receipt with the form)

**Last 4 digits of VT ID #:**

**Name (Print Clearly):**

**Organization:**

**Address: (Print Clearly):**

**Date Purchased:**

**Total Requested Amount: \$**

**Business Purpose of Purchase:**

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**Org #:**

**Fund #:**

**Activity Code (if applicable):**

**Signature:**

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**Date Signed:**

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