



Request for Non-Travel Related Expense Report – Personal Reimbursement

Date \_\_\_\_\_ Employee Name \_\_\_\_\_

ER Number \_\_\_\_\_ Employee Classification: Remote \_\_\_\_\_ Flexible \_\_\_\_\_ In-Office \_\_\_\_\_  
Worktag # \_\_\_\_\_

Type of Reimbursement: Remote Work \_\_\_\_\_ Wireless/Data \_\_\_\_\_ Official Function Related \_\_\_\_\_ Other \_\_\_\_\_

\*If for Cellular/Data, only complete items in the box below.

Personal Reimbursement Description (Please provide as much detail as possible including date of payment, what was purchased, vendor used, purpose, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Provide justification of extraordinary circumstances that warrant the use of a personal reimbursement:

\_\_\_\_\_  
\_\_\_\_\_

For Remote High Speed and/or Wireless Data Access Only:

New Request \_\_\_\_\_ Renewal of previous approval \_\_\_\_\_

How do you know this plan is a reasonable cost provider of comparable remote data service in the service area? \_\_\_\_\_  
\_\_\_\_\_

Explain in detail the justification that warrants the use of university paid data services.

\_\_\_\_\_  
\_\_\_\_\_

I certify that I have read and understand the University Policy on Personal Reimbursement, and if applicable, the University policies on Payment for Remote High Speed Data and/or Wireless Data Access, and the Flexible Work Arrangements including Remote Work.

Employee: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Dean/Director: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Approved forms are to be submitted along with receipts as attachments to the Expense Report in Workday. Official Function Forms should be submitted in addition to the above, when required.**