



Request for Non-Travel Related Expense Report – Personal Reimbursement

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

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

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 Payment for Remote High Speed and/or Wireless Data Access, the Personal Reimbursement Rule and the Flexible Work Arrangements including Remote Work.

Employee: \_\_\_\_\_

Dean/Director: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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.