**School of International Languages, Literatures and Cultures (SILLC)**

**Employee Reimbursement Form**

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|  |  |  | |  |  |  |
|  | Employee Name: | |  | Department: |  |  |
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|  | Vendor | Description/Business Purpose | Amount |  |
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***For food/restaurant receipts, please list attendees below. If you need more space, please use the back of the form.***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Source(s) of Funding:** |  | |  | |  | |  |
| Department: | $ |  |  | |  |  |  |
| Research & Travel: | $ |  |  | |  |  |  |
| Faculty Fellows: | $ |  |  | |  |  |  |
| Other *(please specify)*: | $ |  |  | |  |  |  |
|  |  |  |  | | **TOTAL :** | |  |
|  |  |  |  | $ | |  |  |

***\*I understand that all tangible items purchased with University of Arizona Funds will remain the property of the University of Arizona.\****

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Employee Signature

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Department Head Approval