

Cashier's Office
Business Expense Reimbursement Form

For business meal, hospitality, and supply expenses equal to or less than \$100

Complete this form, attach all receipts, obtain departmental approval, and present at the Cashier's Office located on the second floor of the Brown Office Building, 164 Angell Street. ***Original receipts for all expenditures are required when using this form.*** If receipts are missing, reimbursement must be processed through the Accounts Payable Office. Any expenditure that includes the purchase of alcoholic beverages must be processed through the Accounts Payable Office.

Name of Purchaser _____

Department _____ Box # _____

Individual Approved to Accept Reimbursement _____

Brown ID # of Individual Accepting Reimbursement (required) _____

Business Meals – Meal expenses incurred at a local restaurant.

One Event per Form! Please complete the section below and charge the expense to subcode 3210.

List all participants at the event _____

Location the event held _____

Date the event held _____

Business Purpose _____

10-Digit Account Number _____ Total Business Meals \$ _____

May not be used for meals charged to account # 2-31080

Food & Provisions - Reimbursement for food and/or provisions (not provided by Brown Dining or Faculty Club).

Maximum 5 receipts. Please complete the section below and charge the expense to subcode 3230.

Items purchased _____

Business Purpose _____

Where and when will the purchased items be used _____

10-Digit Account Number _____ Total Food & Provisions \$ _____

Supplies – Reimbursement for office supplies.

Maximum 5 receipts. Please complete the section below and charge the expense to subcode 3010.

Items purchased _____

Business Purpose _____

10-Digit Account Number _____ Total Supplies \$ _____

Books – Reimbursement for books.

Maximum 5 receipts. Please complete the section below and charge the expense to subcode 3410.

Items purchased _____

Business Purpose _____

10-Digit Account Number _____ Total Books \$ _____

Signature of the Purchaser _____

Sign

Date

Authorized Approval _____

(May not be purchaser's signature) Sign

Date

OSP Approval _____

Sign

Date