

The Research Corporation of the University of Hawaii

REIMBURSEMENT FOR CASH PURCHASES

Date: _____

Name _____ Phone _____

Project Name _____

Project Address _____

ITEMIZED LISTING OF RECEIPTS

Please attach all receipts.

No.	Amount	Budget Category	Description
1.	\$ _____	_____	_____
2.	\$ _____	_____	_____
3.	\$ _____	_____	_____
4.	\$ _____	_____	_____
5.	\$ _____	_____	_____
6.	\$ _____	_____	_____
7.	\$ _____	_____	_____
8.	\$ _____	_____	_____

SUMMARY

Project No. _____

Budget Category	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total: _____

Approved by: _____
Principal Investigator/ Supervisor Date

Approved by: _____
Fiscal Officer Date