

CIMAR

REIMBURSEMENT FOR CASH PURCHASES

Date: _____

Name: _____ Phone: _____

ITEMIZED LISTING OF RECEIPTS

Attach all receipts. Tape receipts to 8-1/2 x 11 paper. Please do not tape over critical information.

No.	Amount	Date Received	Description
1.	\$ _____	_____	_____
2.	\$ _____	_____	_____
3.	\$ _____	_____	_____
4.	\$ _____	_____	_____
5.	\$ _____	_____	_____
6.	\$ _____	_____	_____
7.	\$ _____	_____	_____
8.	\$ _____	_____	_____

TOTAL: _____

Project No. _____

PROJECT PAYMENT APPROVAL: I certify that services have been rendered and/or that the materials, supplies and incidentals have been received in good order and condition and are in direct support of the program as indicated on the project number line.

Approved by: _____
Principal Investigator/Supervisor Date

Approved by: _____
Fiscal Officer Date