

Payment Request/Expense Reimbursement

*	All capital equipmen	nt and computers/laptop	must be purchased	directly through	n VHF.
	Reimbursement is	prohibited.			

	*	Invoices	and/or	receipts	must be	attached	to rec	iues
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Request Date	Project PI (if applicable)	IRB# (if applicable)
VHF account to be used	Payee	Amount Requested
Payee Mailing Address		
Do you want to receive ePaymen	nt via bill.com? Email address required	. Yes No
Description of Goods or Services	5	
Justification for Expenditure		
Requestor Signature	Project Approver (if different th	an Requestor)
VHF Office Use Only		
CFO Approval		