

## Payment Request/Expense Reimbursement

| * / | All capital equipmer | nt and co | omputers/lapto <sub>l</sub> | o must be | purchased | directly t | through ' | VHF. |
|-----|----------------------|-----------|-----------------------------|-----------|-----------|------------|-----------|------|
|     | Reimbursement is     | prohibite | ed.                         |           |           |            |           |      |

| * | Invoices  | and/or | receints | must he   | attached | to | request  |
|---|-----------|--------|----------|-----------|----------|----|----------|
|   | IIIVUICES | anu/or | IECEIDIS | IIIusi be | allacheu | ω  | reduest. |

| 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 ePayment via bill.com? Email address required. Yes No |                                     |                      |  |  |  |  |
| Description of Goods or Services   |                                     |                      |  |  |  |  |
|  |                                     |                      |  |  |  |  |
| Justification for Expenditure  |                                     |                      |  |  |  |  |
|  |                                     |                      |  |  |  |  |
| Requestor Signature  | Project Approver (if different that | an Requestor)        |  |  |  |  |
| VHF Office Use Only  |                                     |                      |  |  |  |  |
| CEO Approval   |                                     |                      |  |  |  |  |