

# NC State University Department of Chemistry Employee Reimbursement Form

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|--|---|
| YOUR name (first name, middle initial and last name) | TODAY'S DATE                              |
| YOUR home address                                    | PROJECT ID                                |
|  | Voucher Number (Business Office Use Only) |
|  |   |

PI approval signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interim Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Gavin Williams

| Date purchased<br>(must match receipt) | Description <u>and Purpose</u> of Item Purchased | Amount Requested |
|--|--|------------------|
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|  | <b>Subtotal</b>                                  |                  |

**Attach receipts to full-size piece(s) of paper. Submit receipts and this sheet to Chemistry Business Office for processing. Use continuation sheets as necessary.**