THE UNIVERSITY of TEXAS
MEDICAL SCHOOL AT HOUSTON
A part of The University of Texas Health Science Center at Houston

EMPLOYEE REIMBURSEMENT
Non-PO Voucher Request Form

DEPARTMENT OF: _____

DIVISION OF: _____

DATE: _____

*** PAYEE/ VENDOR NAME:** _____

*** DOC ID** _____ *** CONTACT:** _____

*** VENDOR CODE:** _____ *** PHONE #:** _____

*** VENDOR PHONE:** _____ *** BLDG./RM. LOCATION:** _____

*** VENDOR ADDRESS:** _____ *** INVOICE $ AMT./ DATE:** _____

****** ACCOUNTING INFORMATION: Please provide complete chartfield combination to expidite Non_PO Voucher Request. ******

OPERATING UNIT #: _____ **DEPT. #:** _____ **FUND #:** _____

PROJECT #: _____ **PROGRAM #:** _____ **ACCOUNT #:** _____ **CLASS #:** _____

****** ACCOUNTING INFORMATION: Please provide complete chartfield combination to expidite Non_PO Voucher Request. ******

OPERATING UNIT #: _____ **DEPT. #:** _____ **FUND #:** _____

PROJECT #: _____ **PROGRAM #:** _____ **ACCOUNT #:** _____ **CLASS #:** _____

*** DETAILED DESCRIPTION/ PURPOSE OF EXPENSE**

*** BENNIFIT TO UTH-HSC**

*** ATTENDED BY: (IF <10; IDENTIFY INDIVIDUALS/ > 10; IDENTIFY GROUP IN ATTENDANCE)**

NAMES/ GROUP(S)	TITLES	AFFILIATION

*** DIVISION APPROVAL:** _____

*** DEPARTMENTAL APPROVAL:** _____