

Purchase and Reimbursement Request

Goods, Services, Hospitality, Honorarium/Vendor Payment

This form requires completion in Adobe Acrobat desktop version. Web-based versions of Adobe Acrobat may create formatting issues such as fillable fields from populating.

Date: _____ Name: _____ Email: _____ Phone: _____



Business Purpose for Purchase

ATTENTION:

Travel related purchases and reimbursements are requested via the [Pre-Travel Approval and Reservation Request](#) form. Reimbursements of transactions associated with travel are requested via the [Post-Travel Reimbursement Form](#) for Out of Pocket Expenses.

Notes

I. PURCHASE REQUEST

Item #	Vendor	Description	Price	Quantity	Index	TOTAL
Product Link:						
Product Link:						
Product Link:						

FOR ADDITIONAL LINES CONTINUE TO PAGE 2
INVOICE, QUOTE, OR OTHER DOCUMENTATION IS REQUIRED FOR ALL PURCHASE REQUESTS.

Total Purchase(s) Requested
(includes any items on page 2)

II. REIMBURSEMENT REQUEST

Date	Vendor	Description	Item Cost	Shipping	Index	TOTAL

FOR ADDITIONAL LINES CONTINUE TO PAGE 2
ITEMIZED RECEIPTS ARE REQUIRED FOR ALL REIMBURSEMENTS.
UNM ACCOUNTING MAY REQUIRE BANK/CREDIT CARD STATEMENTS THAT TIE TO RECEIPT.

Total Reimbursement Requested
(includes any items on page 2)

I.

PURCHASE REQUEST CONT.

Item #	Vendor	Description	Price	Quantity	Index	TOTAL
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						
<i>Product Link:</i>						

II.

REIMBURSEMENT REQUEST CONT.

Date	Vendor	Description	Item Cost	Shipping	Index	TOTAL

III.

HOSPITALITY REIMBURSEMENT REQUEST

Event Date	Vendor	Address	# of Attendees	Index	TOTAL

Attendees & Professional Titles



If less than 20 attendees provide name and indicate either "UNM" or "guest". Please provide a flyer or other advertisement for the event.

IF # OF ATTENDEES EXCEEDS 10, INCLUDE SEPARATE LIST IN AN EMAIL, WORD, OR EXCEL DOCUMENT

I certify that this receipt contains expenditures for alcoholic beverages in the amount of
 I certify that this receipt does not contain expenditures for alcoholic beverages.

Total Reimbursement Requested

IV.

HONORARIUM/VENDOR PAYMENT REQUEST

Event Date	Hosting Department	Faculty Host	Description of Service	Index	TOTAL

Required Information

Payee Name:
 Payee Title:
 Payee Email:
 Payee Phone:
 Payee Address:
 Is the payee a foreign entity?
 If YES, are the services to be performed in the United States?
 Does the service provider accept credit card payments (not including PayPal)?
 Has this person previously been established as a UNM vendor?
 Does the payee currently work or have they worked as a UNM employee in the past 12 months?
 Other costs associated with this payee should be noted in the business purpose and proper forms completed.

Total Honorariums Requested



Total of Requested Purchases

I acknowledge that purchases and reimbursements are subject to availability of funds, UNM regulations, and funding agency restrictions. I hereby certify the expenses incurred, as reported on this form, were necessary and proper, are just and true in all aspects, and that no part of the amount requested to be paid or reimbursed has been paid or reimbursed by any other source. I also certify that any travel associated with the above expenses has been completed for the stated UNM Business Purpose.

Purchaser

Other Required Signature, if applicable (PI, Dept Chair, Supervisor, Program Director, Associate Dean for Research, Dean, etc.)

***NOTE FOR ALL REQUESTS:**

*EXPENSES OLDER THAN 180 DAYS ARE NON-REIMBURSEABLE

*FORMS SUBMITTED MORE THAN 60 DAYS POST-TRANSACTION OR RETURN DATE ARE REPORTED AS TAXABLE INCOME.