

Virginia Tech College of Engineering
DEPARTMENT of BIOMEDICAL ENGINEERING AND MECHANICS

Reimbursement Request Form

Name: _____ VT ID #: _____ (last 7 digits)

Address: _____ Amount: _____

_____ Fund No. _____

Advisor: _____

Requesting reimbursement for (*list items, reason, and related course, if applicable*):

Certification:

I hereby certify that the expenses listed above were incurred by me and are necessary and appropriate expenditures of the University. By my signature, I acknowledge that the goods purchased become the property of Virginia Tech.

_____ Date _____