

MECHANICAL ENGINEERING DESIGN I (24-370)

Reimbursement Procedures for Undergraduate Students

During Project 2, you may have purchased materials with your personal funds. The goal of this information sheet is to clarify and streamline the reimbursement process.

1. Be aware of any special instructions from your professor as to budget restrictions, etc. If you anticipate that the items needed to complete your project will exceed the total budget amount, then you must first get permission.
2. When submitting receipts for reimbursement, please **tape receipts** to a piece of 8½" x 11" paper (scrap paper is ok) and put them in ascending order by date.
3. Please note that the university does not reimburse for state tax on purchases.
4. Complete the **Request for Reimbursement form**. If you would like your reimbursement check to be mailed to your actual home address, rather than your school address, please be sure to indicate this on the form.
5. Write a short description of what the item is being used for on the paper that the receipt is taped to. It is important that you fill in your Team Number and Name as we keep close track of the course budget and Team spending totals.
6. Reimbursements can only be done on a per student basis. The team leader cannot be issued a check for the entire reimbursement for his/her team and then be responsible for repaying each team member. University accounting does not allow this.
7. Assign one person from each team the task of collecting all receipts and making sure the reimbursement information is complete and accurate. The receipts and form should then be brought to Virginia Barry in Scaife Hall, Room 423. She will process these and let you know when the paperwork is done as a signature will be needed to complete the reimbursement process.

If you have any questions, please contact Virginia Barry: ginnyb@andrew.cmu.edu

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REQUEST FOR REIMBURSEMENT FORM

Please list the total for each original receipt (LESS SALES TAX) in the space provided below, and then submit this form along with original receipts to:

Virginia Barry, Scaife Hall 423

ALL receipts must show:

- Method of Payment (i.e. cash, credit card, debit card)
- Date of purchase
- Merchant Name

TEAM NUMBER & NAME: _____

NAME OF PURCHASER: _____

MAILING ADDRESS: _____

E-MAIL: _____

Receipt #1: _____

Receipt #6: _____

Receipt #2: _____

Receipt #7: _____

Receipt #3: _____

Receipt #8: _____

Receipt #4: _____

Receipt #9: _____

Receipt #5: _____

Receipt #10: _____

Total amount, LESS SALES TAX, of requested reimbursement: \$ _____