



Personal Reimbursement

Claim for Reimbursement of Miscellaneous Personal Expenses Not to Exceed \$500

AgriLife Research AgriLife Extension Service Texas Veterinary Medical Diagnostic Laboratory

Request for Payment:

State of Texas, County of _____

The undersigned here certifies that the attached purchases and/or expenses were officially necessary to effectively and efficiently carry out a program of Texas A&M AgriLife work and the nature of such purchases and/or expenses incurred did not in any manner result in a personal benefit to the claimant. It is further certified that the cost of such items as listed has not been reimbursed for any portion of the claim from any source and will not receive reimbursement from any source except under this claim.

Amount Request for Reimbursement: \$ _____

Requestor's UIN/SSN: ____ -- ____ -- ____ Department/Unit: _____

Requestor's Printed Name: _____

Requestor's Signature: _____ Date: _____

This form must be attached as supporting documentation on purchase document.

In addition to the completed AG-296, an itemized/detailed receipt/invoice and valid proof of payment are required. Proof of payment can be in any of the following formats:

1. An itemized receipt/invoice from the vendor indicating payment was received and method of payment.
2. Printed confirmation of payment received from a web page.
3. E-mail confirmation sent to an individual indicating payment was received.
4. Other valid documentation could include a copy of a billing statement from the vendor, credit/debit card statement, cancelled check, etc.