



**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: _____

* DEPT DocID: _____

* VENDOR CODE: _____

* VENDOR PHONE: _____

* VENDOR ADDRESS: _____

* REQUEST BY: _____

* CONTACT: _____

* PHONE #: _____

* BLDG/RM. LOCATION: _____

* INVOICE \$ AMT/DATE: _____

*** ACCOUNTING INFORMATION: Please provide complete chartfield combination to expedite Non-PO Voucher Request ***

OPERATING UNIT #	DEPT CODE	FUND	PROJECT
PROGRAM	ACCOUNT #	CLASS #	

*** ACCOUNTING INFORMATION: Please provide complete chartfield combination to expedite Non-PO Voucher Request ***

OPERATING UNIT #	DEPT CODE	FUND	PROJECT
PROGRAM	ACCOUNT #	CLASS #	

* DETAILED DESCRIPTION / PURPOSE OF EXPENSE *

* BENEFIT TO UTH-HSC *

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

NAMES / GROUP(S)	TITLES	AFFILIATION

* DIVISION APPROVAL: _____

* DEPARTMENTAL APPROVAL: _____