

NC STATE

Textile Engineering, Chemistry & Science Department

Reimbursement Form

Full Name		Date	
Address <small>(must match what is in MyPack Portal)</small>		Vendor ID	
		Invoice	
		Voucher #	
Email		Reference	

Line	Store / Company Name	Reason for Purchase	Amount
1			
2			
3			
4			
5			
TOTAL			

Project # (with Phase #)	Expense Code	Percentage	Total Cost

APPROVED: _____
Signature of Project Head
Date

APPROVED: _____
Signature of Department Head
Date

After obtaining the Project Head's signature, please bring this form & all original receipts to TECS Office Staff in 3250.