Academic Research Equipment Reimbursement Form

Applicant Name					
Department					
Email					
Research Project / Pur	pose				
Date of Submission					
Equipment Pu	ırchase	Details			
Item Description	Vendor	Date of Purchase	Quantity	Unit Price	Total Cost
Total Amount Requeste	ed				
Justification / Notes					
Applicant Signature					
Date:					
Department Approval					
Date:					