ASUH Clarify Line Items Form

Make additional copies as needed

Receipt #

Name of Individual/Organization *Purchasing* Item(s)

Name of Individual/Organization *Requesting Reimbursement* (if different from purchaser)

Vendor:	
Date of Receipt:	
Amount being reimbursed from receipt:	

Award Category

Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
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Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount
Item #	Item Explanation	Quantity	Item Amount

Subtotal $_____

Tax $_____

Receipt Total $_____