

**PLYMOUTH STATE UNIVERSITY**  
Of the University System of New Hampshire

**NON-TRAVEL ITEMIZED REIMBURSEMENT FORM**

Attach all receipts, enter a Direct Pay (with DP cover stamp) and return to Accounts Payable.

DATE \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ MSC # \_\_\_\_\_

Item(s) to be reimbursed and costs. (Include business purpose for purchasing items):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_  
Authorized name and signature

\_\_\_\_\_  
Department and extension