

The Research Corporation of the University of Hawaii  
Pacific Cooperative Studies Unit

**REIMBURSEMENT FOR CASH PURCHASES**

(A single transaction may not exceed \$500 including taxes, deposits, and other surcharges. Provide an original receipt and circle the amount being claimed. Reimbursements exceeding the dollar threshold shall require the Fiscal Administrator's prior approval (i.e., prior to the purchase). See **RCUH Policy 2.703**)

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

**ITEMIZED LISTING OF RECEIPTS**

*Please attach all receipt(s) in order of date (from oldest to most current) and circle total(s) in red ink.*

*Please make sure invoices and online orders state "Paid" and/or includes a Proof of Payment (i.e. cash, credit card).*

*For lost receipts please fill out the "Missing Original Receipt Certification Form".*

No.	Amount	Vendor & Description of item(s) (ex. Amazon.com – backpack) Any purchases related to auto, please write license # on receipt	Date Rec'vd MM/DD/YY (for online orders)
1.	\$ _____	_____	_____
2.	\$ _____	_____	_____
3.	\$ _____	_____	_____
4.	\$ _____	_____	_____
5.	\$ _____	_____	_____
6.	\$ _____	_____	_____
7.	\$ _____	_____	_____
8.	\$ _____	_____	_____
<b>Total \$ _____</b>		Project No. _____	

Approved by: \_\_\_\_\_  
Principal Investigator/Supervisor Date

Please mail originals to:  
Pacific Cooperative Studies Unit  
3190 Maile Way St. John #408  
Honolulu, HI 96822