Out Of Pocket/ Non-travel reimbursements							UI Pcard NOT use updated 9/18/18 ki
Submit th	is with supporting receipt	ts to CNR Fiscal Services	cnrfiscal@	uidaho.edu			
Employee:			V number:		Date:		
Date	Vendor	What did you purchase?	Amount	Index#	Activity Code (if applicable)	Grant (y/n)	How does this purchase relate to your scope of work?