

**Mitsubishi Chemical Center for Advanced Materials  
EXPENSE REIMBURSEMENT REQUEST**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPT:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**LIST EXPENSES BELOW, and ATTACH ORIGINAL ITEMIZED RECEIPT(S):**  
(Please note: a cash register tape or credit card receipt that does not describe the items purchased is not acceptable)

DESCRIPTION	AMOUNT
1.	
2.	
3.	
4.	
5.	_____
<b>TOTAL</b>	

**Justification for expenditure:**

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**Faculty Advisor Name:** \_\_\_\_\_

**MC-CAM Account Number to be Charged:** \_\_\_\_\_

**FACULTY ADVISOR SIGNATURE:** \_\_\_\_\_