

Virginia Tech
Department of Chemistry
HokieMart Reimbursement

Date of Purchase: _____

Full Name: _____

Phone/Email: _____

Amount: _____

Fund: _____

Seller(s): _____

Category of Purchase(s):

Lab Supplies

Office Supplies

Instrument Parts/Supplies

Chemicals

Other _____

Business Purpose: (Description of items purchased and brief explanation on how this item(s) will be used within the department or on sponsored projects)

Have you been reimbursed through HokieMart before?

Yes

No

If No:

Hokie ID # (Last 4 digits): _____

Current Address: _____

Prior to submission of form, please ensure entire form has been completed and is attached with itemized receipt to guarantee quick processing.