



THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE

TEACHING & LEARNING  
INNOVATION

### Expense Request Form

*Instructions: Please complete all parts of this form as needed regarding all requests for items where the unit's budget would incur use.*

**Employee Name:** \_\_\_\_\_

**Type of Expense (Check all that apply)**

Reimbursement

Office Supply

Staples/UT Marketplace

Technology

Professional Development

Other – specify in box below

**Item Requested:** \_\_\_\_\_

**Purpose of Request:** \_\_\_\_\_

Date	Vendor	Description	Quantity	Cost Per Item
<b>Grand Total:</b>				

**Justification of Expense/Additional Information About This Request:**

**TLI Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TLI Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TLI Executive Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provost's Office Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Requester should not complete anything below this line.

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**TLI Account Number/Cost Center:** \_\_\_\_\_

**Internal Order Number:** \_\_\_\_\_