**Expenditure Reimbursement Form**

**Project Details**

**Project PI: Job Number: Tel:**

**Email:**

**Instructions**

1. **Claims for reimbursement should align with the below:**

* The form should be submitted on a monthly basis or the requested amount should be more than 2,000QAR
* Each invoice/receipt requested for reimbursement should not exceed 2,500$ (9,103.75QAR).
* Minimum amount to be claimed per month is 25 QAR.
* Reimbursement form will not be accepted if the PI has a P-Card, unless a valid justification is submitted to the Finance Department.
* PI is responsible for ensuring that all required budget changes, if applicable, are performed before submitting the form.
* In case of submitting shipment fees ,the PI should clarify to which items the shipment is related
* For all reimbursements of Online purchases, A credit card statement showing the purchaser’s name and the purchase amount for which reimbursement is requested.
* The PI Shall ensure that the items are purchased within the authorized period of the grant and within the approved proposal.
* The PI should ensure that the items are bought at a reasonable price and in a fair and openly competitive way.
* If the payee a non-Qatar University employee, ID / Passport copy and a bank details certificate are required.
* The college representative should ensure that PI has duly filled and signed the reimbursement form.

1. **The invoices and receipts must be original (for demotic suppliers) and include the below:**

* Vendor Name.
* Amount of Item or service.
* Total amount paid and currency.
* Date of purchase of service.
* Description of item(s) or service(s)

1. **Expenditure Reimbursement may not be used for:**

* Purchase of supplies costing more than 2,500$ (9,103.75QAR) -Invoice splitting is not permitted;
* Travel Expenses , except for local conveyance (taxi fare);
* Any items for personal use ;
* Research project personnel and technical consultants payment ;
* Personal loans or salary advances.

**Detailed Invoiced Items:**

Specify Currency

To be filled by College Representative

**Invoice No. Company Name Description of the Item Sponsor Award No. Amount Award Project Task**

**Payment Information:**

**Pay to the order of: Total Amount:**

**Payment Method: Check Wire Transfer**

**I hereby certify that, the above information is true and correct and all the items were purchased to the direct benefit of the above mentioned grant.**

***Signature of Research Grant Coordinator( if applicable) Date Signed***

***Signature of Principle Investigator (PI) Date Signed***

***Signature of Head of Department Date Signed***