



The University of New Mexico

Information Sheet

Name of person: _____

Social security Number: _____

Address:

City: _____

State: _____ Zip: _____

Phone Number: _____

Email address: _____

Please give us a description of the reason this individual is requesting reimbursement or payment from the university and the detailed description or purpose or function.

Authorized person or Department Head's signature:

Signature of Recipient: _____

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