Employee Reimbursement Form

Directions

<u>Attention:</u> This form is to be used for employee reimbursement only. Reimbursement requests should only be submitted if
the expenditures could not be made using the Visa Pcard. This request form cannot be used for Travel, Stipends,
Honorariums, Special Consultants, or Independent Contractors. (See payment matrix for more details.)

Direct Deposit	Please fill out attached Direct Deposit form if you are not currently enrolled in Financial Services direct deposit. Also, please note that Payroll and Financial Services - Accounts Payable are two separate payment systems.	FIN SRVCS USE ONLY
Mail Out		Vendor #:

EMPLOYEE NAME	EMPLOYEE ADDRESS (department not acceptable)	CONFIRMED
Back-up for reimburse		

RECEIPT DESCRIPTION (Include vendor's name. Reimbursement will be allocated to the chart string below.)				CONFIRMED		
Assount	F.u.e.d	Dent		Ducient	A real or unat	
Account	Fund	Dept	Program	Project	Amount	
ECEIPT DESCRIP	TION (Include vend	dor's name. Reimbl	ursement will be allo	ocated to the chart str	ing below.)	-
	- I					
Account	Fund	Dept	Program	Project	Amount	
RECEIPT DESCRIP	TION (Include vend	dor's name. Reimbl	ursement will be allo	cated to the chart str	ing below.)	
Account	Fund	Dept	Program	Project	Amount	
Remarks and Details			TOTAL:	·	1	

REQUESTOR INFORMATION		Date	CONFIRMED
Requestor Name:	Signature:		
(Only if required by Dean/AVP)			•
Dept Chair/Supervisor Name:	Signature:		

The signers certify that the above is a true statement of expenses and payment is approved. (Payments of \$1000 or more require approval from the appropriate Vice President.)

AUTHORIZATIONS	Date	CONFIRMED
(Under \$1000.00)		
Dean/AVP Name:	Signature:	
(\$1000.00 or above)		
VP Name:	Signature:	