

Employee Reimbursement Form

[Directions](#)

Attention: 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 <input type="checkbox"/> 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. Mail Out <input type="checkbox"/>	FIN SRVCS USE ONLY Vendor #:
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EMPLOYEE NAME	EMPLOYEE ADDRESS (department not acceptable)	CONFIRMED
Back-up for reimbursement must be attached.		

RECEIPT DESCRIPTION (Include vendor's name. Reimbursement will be allocated to the chart string below.)	CONFIRMED												
<table border="1"> <thead> <tr> <th>Account</th> <th>Fund</th> <th>Dept</th> <th>Program</th> <th>Project</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Account	Fund	Dept	Program	Project	Amount							
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Remarks and Details	TOTAL:												

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

The signers certify that the above is a true statement of expenses and payment is approved.
 (Payments of \$5000 or more require approval from the appropriate Vice President).

AUTHORIZATIONS	Date	CONFIRMED
<small>(Under \$5000.00)</small> Dean/AVP Name: _____ Signature: _____		
<small>(\$5000.00 or above)</small> VP Name: _____ Signature: _____		