

Date: _____

Void After 30 Days

Name: _____ OSU ID _____

Business Purpose:

Date: _____ Destination: _____ Mileage: _____ X _____ = Total _____
 Date: _____ Destination: _____ Mileage: _____ X _____ = Total _____

	Receipt Date	Vendor Name	Item Description	Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Attach Original Receipts Total _____

Attach additional forms if necessary. Use of the form to reimburse for purchases in no way excludes individuals or departments from compliance with established University purchasing procedures.

Item #	Index Code	Account Code	Activity Code	Amount

I certify that the expenses itemized above were incurred in the performance of my official duties and that no part thereof has been previously paid. In case any of the above is determined at a later date to be non-reimbursable, I hereby authorize the Director of Business Affairs to withhold that amount from other amounts due me by OSU, subject to due process or promptly reimburse the University.

<p>_____ Department Approval _____ Phone _____</p> <p>_____ Department Name/Contact name and Phone _____</p>	<p>I hereby Acknowledge Receipt of \$ _____</p> <p>_____ Claimant's Signature _____</p> <p>_____ Cashier Approval _____ RMB1 _____ Receipt # _____</p>
--	--

Claimant's signature is completed in the presence of the cashier. Claimant must appear in person and present two (2) picture ID's at the cashier window in Kerr Administration building.

For Business Affairs Use Only Input By: _____ JV # _____