



Reimbursement Request

Accounts Payable Office

Send form directly to the Accounts Payable Office

Type of Reimbursement (check one - do not combine funds):

Personal: [] Dept. Petty Cash Refund: [] Revolving Fund Reimbursement Code: _____

Name: (as it appears in Banner) Department:
Mailing Address: (as it appears in Banner) Contact Name & Telephone Number:
City State Zip University Address: (if different from mailing address)

Business Purpose-required on all submissions

Description of Expenditures

Table with 4 columns: Date, Vendor Name and Address, Item(s) Purchased, Amount

[] Please apply reimbursement amount against an advance Total To Be Reimbursed

Table with 5 columns: Date, Index Code, Account Code, Activity Code, Amount. Includes instructions for reimbursement.

I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE WERE INCURRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES AND THAT THE CHARGE(S) ARE THEREFORE JUST. AND NO PART THEREOF HAS BEEN HERETOFORE PAID.

I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE HAVE BEEN REVIEWED AND ARE ACCURATE, ALLOWABLE AND AN APPROPRIATE EXPENDITURE(S). IT IS WITHIN MY BUDGETARY AUTHORITY TO APPROVE THE ABOVE EXPENSE(S).

Claimant's Signature Date

Budget Authority's Signature Date
Original Budget Authority's Signature. No stamps or forgeries.

Original or faxed copy accepted. Original signature, that was faxed, is to be mailed to Accounts Payable.

Printed name & Title