Oregon State University OSU

Accounts Payable Office

Banner Document # I _____

Reimbursement Request

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

Date	Vendor Name and Address	Item(s) Purchased	Amount
		Total To Be Reimbursed	

☐ Please apply reimbursement amount against an advance

Date	Index Code	Account Code	Activity Code	Amount

Instructions:

1. List expenditures by vendor. For more than one purchase, list in purchase date order. The oldest first.
2. Attach original receipt(s) for each expenditure listed.
3. Check will be issued to claimant unless it is applied to an advance.

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.

Claimant's Signature **Date**

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

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

Budget Authority's Signature **Date**

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

Printed name & Title

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