DEPARTMENT PO BOX

PHONE NUMBER



DEPARTMENT NAME

ROOM NUMBER

EMPLOYEE REIMBURSEMENT REQUEST

EMPLOYEE & DEPARTMENT INFORMATION

DEPARTMENT NO.

CONTACT NAME/TITLE

Date:

NAME

EMPLID

BUSINESS PURPOSE		
BUSINESS PURPOSE:		
	(=	
ACCOUNT NUMBER-OBJECT CODE (OPTIONAL):	(Ex: 1234567-1234)	
EMPLOYEE EXPENSE CLAIM		
DESCRIPTIO	N .	AMOUNT

TOTAL REIMBURSEMENT

PAYEE SIGNATURE

SIGNATURE DATE

PLEASE USE COLORED INK FOR SIGNATURES SO THAT ORIGINALS CAN BE DISTINGUISHED FROM PHOTOCOPIES

Instructions

- 1) Employee: Submit completed form and any supporting receipts to your department Business Office
- 2) Business Office: Forward form along with UAccess Financials Disbursement Voucher cover sheet to:

FSO-Operations, PO BOX 210158 USB 402