

# CEAS Tribunal Reimbursement Request

Reimbursement will not be processed unless information is complete

NOTE: Following items are required.

- 1. Itemized receipt for each purchase.  
\*Credit card slip is not acceptable unless itemized\*
- 2. List of attendees required for any food and/or entertainment expenses

General Information			
Name:		Date:	
Title in EAST:		M#:	

Expenditure Information		If food/entertainment purchase provide attendee list below. For larger attendee lists, meeting invitation or flyer is accepted. Please attach to request.
Date:		
Vendor:		
Amount:		
Description:		
Was this a budgeted expense? YES      NO		
If not budgeted, which officer approved this expense?		
Name:		
Position:		

UC Payable Information		Please fill this section for payment information
Vendor ID: (If known)		
Address:		
Payment Method: CHECK      DIRECT DEPOSIT		
If you prefer DD, please fill out and attach the DD form.		

For Treasurer Use Only		
Date:		
Form ID:		
Claim:		
Internal Order #:		
Reimb Check# (Ext)		
Reimb Total:		
Treasurer's Signature		