

	ONAL REIMBU reimbursement request				ın 60 days followin	ng t	BANNER INV NO:	U	NIVERSITY
							not combine funds		
	PERS	ONAL FUND					DEPARTMENTAL PETTY CAS	зH	
	All information is	REQUIRED and	MUST be	e filled out COMPLET	ELY. Any missing	j ini	formation will result in a delay of reimburse	ment	
	MPLOYEE (FAC	ULTY/STA	.FF) STU	JDENT OTHER					
Name P.S.U. I.D.#					Department				
Address				Contact Name					
City, State, 2				University Address					
				DESCRIPTION (I OF EXPENDITUR	RE			
Date	vate Vendor Name, City, and State				Item Purchased				Amount
								_	
								_	
								+	ΦΩ ΩΩ
Please apply against an advance						Total to be reimbursed			\$0.00
BUSINE	SS PURPOSE R	EQUIRED:							
I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been									
heretofore paid.					Claimant's Sign	ına	ture		DATE
					-				
I certify that the expense itemized above has been reviewed by me and are accurate, allowable, and appropriate. It is within my budgetary authority to approve this expense report.					Departmental /	Ар	proval		
					Print Name &	Tit	le - REQUIRED		DATE
ITEM	INDEX	ACCOU	NT	ACTIVITY	AMOUNT		INSTRUCTIONS		44
						 List expenditures alphabetically by vendor. For more than one purchase from a vendor, list in purchase date order, the oldest first. 			
							Attach ORIGINAL receipt for each expenditure personal charge accounts ARE NOT ACCEPTAB		Charge slips to
Human Resources Use Only Research and Strategic Partners (if Grant)					ships Approval		The reimbursement request must be signed by I.D. number must be listed in the appropriate section.	the cla	imant and their P.S.U.
Overtime Meals for							4. Submit to Accounts Payable.		
Account Code- 28502 Signature Earn Code- FPR Amount: \$					Date		5. Payment will be issued to claimant unless it is a	ıpplied	to an advance.
						1			

BUDGET APPROVAL