

UNIVERSITY OF MINNESOTA

Twin Cities Campus

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EWB Reimbursement Form

Please complete this form and work with EWB Admin to obtain proper signatures.

NAME: _____ STUDENT ID: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ EMAIL: _____

Please answer the questions below:

Is this reimbursement for less than \$100? Yes No
Are you currently on payroll with the University of Minnesota? Yes No

If you have answered no to both of the previous two questions, fill out the W-9 Form and return email to aejones@umn.edu.

EXPENSE	DATE	AMOUNT

JUSTIFICATION (Where & Why)

Student Signature: _____

Adviser Signature: _____

Finance Officer Signature: _____

For Accounting office use only:

Fund: _____ DeptID: _____ Program: _____ CF1: _____ CF2: _____