

**PERSONAL REIMBURSEMENT REQUEST**
**BANNER INV NO:** \_\_\_\_\_

\*Personal reimbursement request due to University Financial Services no later than 60 days following the purchase\*

**TYPE OF REIMBURSEMENT: Check one – do not combine funds**
☐ **PERSONAL FUND**
☐ **DEPARTMENTAL PETTY CASH**

All information is **REQUIRED** and **MUST** be filled out **COMPLETELY**. Any missing information will result in a **delay** of reimbursement.

☐ **PSU EMPLOYEE (FACULTY/STAFF)**
☐ **STUDENT**
☐ **OTHER** \_\_\_\_\_

|                  |              |                    |
|------------------|--------------|--------------------|
| Name             | P.S.U. I.D.# | Department         |
| Address          |              | Contact Name       |
| City, State, Zip |              | University Address |

**DESCRIPTION OF EXPENDITURES**

| Date   | Vendor Name, City, and State | Item Purchased | Amount                        |
|--|------------------------------|----------------|-------------------------------|
|  |                              |                |                               |
|  |                              |                |                               |
|  |                              |                |                               |
|  |                              |                |                               |
|  |                              |                |                               |
|  |                              |                |                               |
| Please apply against an advance <input type="checkbox"/> |                              |                | <b>Total to be reimbursed</b> |
|  |                              |                | <b>\$0.00</b>                 |

**BUSINESS PURPOSE REQUIRED:** \_\_\_\_\_

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|  |  |      |
|--|--|------|
| 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. | _____                                    | DATE |
|  | <b>Claimant's Signature</b>              |      |
| 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.                | _____                                    | DATE |
|  | <b>Departmental Approval</b>             |      |
|  | _____                                    |      |
|  | <b>Print Name &amp; Title - REQUIRED</b> |      |

| ITEM                               | INDEX | ACCOUNT  | ACTIVITY | AMOUNT |
|------------------------------------|-------|--|----------|--------|
|                                    |       |  |          |        |
|                                    |       |  |          |        |
|                                    |       |  |          |        |
| <b>Human Resources Use Only</b>    |       | <b>Research and Strategic Partnerships Approval (if Grant)</b> |          |        |
| Overtime Meals for _____<br>(date) |       | Signature _____ Date _____                                     |          |        |
| Account Code- 28502                |       | Print Name & Title - REQUIRED                                  |          |        |
| Earn Code- FPR Amount: \$ _____    |       |  |          |        |
| <b>BUDGET APPROVAL</b>             |       | <b>BUSINESS OFFICE APPROVAL</b>                                |          |        |
|                                    |       |  |          |        |

**INSTRUCTIONS**

1. List expenditures alphabetically by vendor. For more than one purchase from a vendor, list in purchase date order, the oldest first.
2. Attach ORIGINAL receipt for each expenditure listed. Charge slips to personal charge accounts ARE NOT ACCEPTABLE.
3. The reimbursement request must be signed by the claimant and their P.S.U. I.D. number must be listed in the appropriate section.
4. Submit to Accounts Payable.
5. Payment will be issued to claimant unless it is applied to an advance.