

EMPLOYEE REIMBURSEMENT REQUEST

Date:

EMPLOYEE & DEPARTMENT INFORMATION			
NAME	DEPARTMENT NAME	DEPARTMENT NO.	DEPARTMENT PO BOX
EMPLID	ROOM NUMBER	CONTACT NAME/TITLE	PHONE NUMBER

BUSINESS PURPOSE	
BUSINESS PURPOSE: 	
ACCOUNT NUMBER-OBJECT CODE (OPTIONAL): (Ex: 1234567-1234)	

EMPLOYEE EXPENSE CLAIM	
DESCRIPTION	AMOUNT

TOTAL REIMBURSEMENT

PAYEE SIGNATURE	
I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE AND SHALL REMAIN THE PROPERTY OF THE UNIVERSITY OF ARIZONA.	
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