Payment / Purchase / Miscellaneous Reimbursement Request Form

**Requestor Information**

Dept./Center/Program: ________________________________
Requested by: ________________________________
Today’s date: ________________________________
Charge to Account: ________________________________

**Account Authorization:**

(Signature of Account Owner or Department Representative)

**Transaction Information**

☐ PAY INDIVIDUAL* (Amount: $ ____________ )

Payee Name: ________________________________
Payee Address: ________________________________

☐ Services (include signed W-9, C-12) – describe services: ________________________________

☐ Honorarium/Lecture Fee (include signed W-9, lecture poster) (Amount: $ ____________ )

☐ Miscellaneous Reimbursement (reason: ________________________________ )

*Note: for individuals who are NOT United States citizens or resident aliens (green card), please consult the business office well in advance of their visit for advice on payment requirements.

☐ ORDER FROM OR PAY A VENDOR (Amount: $ ____________ )

Vendor Name: ________________________________
Vendor Address: ________________________________
Vendor Phone: ________________________________

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<tr>
<th>QTY.</th>
<th>ITEM #</th>
<th>ORDER / PAYMENT DESCRIPTION</th>
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Please include item # from Office Depot catalog for supply order; use separate sheet or back for additional items

☐ TRANSFER MONEY TO ANOTHER UNIVERSITY DEPARTMENT

Department to receive money: ________________________________
Amount to be transferred: ________________________________
Reason/contact person: ________________________________

Please attach any backup correspondence, lecture posters, or forms to this request. If you have any doubt as to what is required for a specific transaction, please contact your Business Office.

**DO NOT WRITE BELOW THIS LINE – For Business Office Use Only**

[ ] Purchase Order

FinMIS COA: ________________________________

[ ] Procard

CNAC ORG BC FUND OBJ PROG CREF PO#: ________________________________

[ ] C-368 Form

Total Actual Cost: ________________________________

[ ] C-1/C-1A Form

Order date: ________________________________
Person taking order: ________________________________

[ ] Other

JE Batch number: ________________________________

Date: ________________________________

Revised 03/05/04