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: ____________________________________________

<table>
<thead>
<tr>
<th>QTY.</th>
<th>ITEM #</th>
<th>ORDER / PAYMENT DESCRIPTION</th>
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Please include item # from Staples catalog for supply order; attach separate sheet or use 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: ____________________


☐ C-368 Form  Total Actual Cost: ____________________  PO#: ____________________

☐ C-1/C-1A Form  Order date: ____________________  Person taking order: ____________________

☐ Other:  JE Batch number: ____________________  Date: ____________________

Revised 03/05/04