Oregon State University OSU

Banner Document # I _____

Personal Reimbursement Request

Instructions:

1. List expenditures by vendor. List in date of purchase date.
2. Attach original itemized receipt(s) with proof of payment for each expenditure listed.
3. Payments will be issued to claimant unless it is applied to an advance
4. Send form directly to your Business Center within 60 days of oldest purchase

Reference: FIS 407 Personal Reimbursement Policy http://oregonstate.edu/fa/manuals/fis/407

Type of Reimbursement (check one - do not combine funds)

☒ Personal ☐ Dept. Petty Cash Refund

☐ Employee ☐ Student ☐ Courtesy ☐ Emeritus ☐ Other: _____

Name: *(as it appears in Banner)*			OSU ID#:	Business Center: AMBC
Mailing Address: *(as it appears in Banner)*			Department/ Official Unit: BEE	
City	State	Zip	Department Contact Name & Telephone Number: Annie Ingersoll 7-2041	
Business Purpose - *required on all submissions (Provide who, what, where, and why of purchase of goods or services)*				

Purchase Date	Who: Vendor Name and Address	What: Item(s) Purchased	Amount

☐ Please apply reimbursement amount against an advance

Index Code	Activity Code	Account Code	Amount

Index Code	Activity Code	Account Code	Amount

I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE WERE INCURRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES AND THAT THE CHARGE(S) ARE THEREFORE JUST AND NO PART THEREOF HAS BEEN HERETOFORE PAID. I UNDERSTAND THAT MY REIMBURSEMENT OF THE EXPENSE(S) TRANSFERS OWNERSHIP OF THE GOODS FROM MYSELF TO THE UNIVERISTY.

Claimant's Signature* _____ **Date** _____

Budget Authority's Signature* _____ **Date** _____

Printed Name _____ Title _____

** Signature should be original or per OSU eSignature policy http://oregonstate.edu/fa/businessaffairs/sites/default/files/OSU_E-Sign_Policy.doc*