

Request for Cash Reimbursement

Submit the completed form through the Vendor Payment Transmittal portal

TO BE COMPLETED BY CUSTOMER:

Customer Name: _____

Title: _____

UID: _____

Amount of Request: \$ _____

Date: _____

QTY.	DESCRIPTION	UNIVERSITY PURPOSE	VENDOR	AMOUNT

Department Name: _____

_____ INDEX _____ FUND _____ ORGN _____ ACCT _____ PROG _____ ACTV _____ LOCN _____

I hereby certify that this claim is true and correct and that the expenses claimed were for approved University business.

Signature of Claimant _____ Date _____ Prepared by (Please Print) _____

I hereby approve this claim and certify its appropriateness.

Name of Approver (please print) _____ Date _____ Email/Ext _____

Signature of Approver _____ Date _____

Cash Received By _____ Date _____