CLEAR FORM FIELDS

THE UNIVERSITY OF ARIZONA

UAccess Financials eDoc #:

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	$ 0.00

PAYEE SIGNATURE	
I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE AND I!{ bh¢ .99b t!l5 ±l! ¢I9 ¦bl±9w{l¢¸ hC !wl½hb! t/!w5 bhw I!{ .99b tw9±lh¦{[¸ w9la .¦w{95 !b5 !b¸ SERVICES OR EQUIPMENT PURCHASED 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