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: |
|---|---|---|---|---|
| Mailing Address: *(as it appears in Banner)* | | | Department/ Official Unit: | |
| City | State | Zip | Department Contact Name & Telephone Number: | |
| **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 |
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☐ Please apply reimbursement amount against an advance

| Index Code | Activity Code | Account Code | Amount |
|---|---|---|---|
| | | | |
| | | | |

| Index Code | Activity Code | Account Code | Amount |
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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*