



**EASTERN
OREGON
UNIVERSITY**

REIMBURSEMENT REQUEST

<i>For Office Use Only</i>			
Banner Doc No: _____			
Check:	<input type="checkbox"/>	Mailed	<input type="checkbox"/>
			To Cashier

All information is **REQUIRED** and **MUST** be filled out **COMPLETELY**. Any missing information will result in a **delay** of reimbursement.

Name	EOU ID #	Department
Address		Preparer's Name
City, State, Zip		Preparer's Phone Number

DESCRIPTION OF EXPENDITURES

Date	Vendor Name	Item(s) Purchased	Amount
Total to be reimbursed			

BUSINESS PURPOSE REQUIRED (Please be as specific as possible)

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I certify that the expense itemized above is necessary and in accordance with the budget allowance of the department and that no part thereof has been heretofore claimed or will be claimed from any other source.

Claimant's Signature	DATE	Department Approval	Print Name & Title – REQUIRED	DATE

ITEM	INDEX	ACCOUNT	ACTIVITY	AMOUNT

INSTRUCTIONS

1. List expenditures by vendor.
2. Attach ORIGINAL itemized receipt for each expenditure listed. Non-itemized credit/debit card receipts ARE NOT ACCEPTABLE.
3. The claimant's EOU ID number must be included. (Ex. G10123456). The use of the ID and not the SSN is encouraged for security reasons.
4. The reimbursement request must be signed by the claimant and the Department Dean/Director/Vice President.
5. Enter into FIS as a direct pay document and submit original form and receipts to Accounts Payable in Inlow Hall Room 206.
6. Payment will be mailed to claimant unless requested to be picked up at the Cashier's Office in Inlow Hall Room 119.

The Office of Accounts Payable