



# EMPLOYEE REIMBURSEMENT REQUEST

Date:

### EMPLOYEE & DEPARTMENT INFORMATION

<b>NAME</b>	<b>DEPARTMENT NAME</b>	<b>DEPARTMENT NO.</b>	<b>DEPARTMENT PO BOX</b>
<b>EMPLID</b>	<b>ROOM NUMBER</b>	<b>CONTACT NAME/TITLE</b>	<b>PHONE NUMBER</b>

### BUSINESS PURPOSE

**BUSINESS PURPOSE:**

**ACCOUNT NUMBER-OBJECT CODE (OPTIONAL):** (Ex: 1234567-1234)

### EMPLOYEE EXPENSE CLAIM

DESCRIPTION	AMOUNT

**TOTAL REIMBURSEMENT**

### PAYEE SIGNATURE

I HEREBY CERTIFY BY MY SIGNATURE THAT THE EXPENSE REIMBURSEMENT REQUESTED IS FOR BONA FIDE UNIVERSITY OF ARIZONA BUSINESS PURPOSE AND SHALL REMAIN THE PROPERTY OF THE UNIVERSITY OF ARIZONA.

<b>SIGNATURE</b>	<b>DATE</b>
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**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**