



## EMPLOYEE REIMBURSEMENT FORM

**INSTRUCTIONS:** Complete all fields. Attach the original receipt(s), and a completed and approved Representational / Non-Representational / Foundation Expenditures form if the reimbursement is for a 3008/4008/8115 expense. Do **NOT** enter a requisition into Banner. Please forward to Business Services for Direct Payment. **Please note: this form cannot be used for travel reimbursement.**

Name of UA employee: \_\_\_\_\_

UA ID: \_\_\_\_\_

Description of purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vendor name: \_\_\_\_\_ Date of purchase: \_\_\_\_\_

Invoice/receipt number(s): \_\_\_\_\_

Original receipt must be attached. Account(s) to be charged:

Fund	/	Org	/	Acct	/	Amount
Fund	/	Org	/	Acct	/	Amount

\_\_\_\_\_  
Signature of employee who made the purchase Date

\_\_\_\_\_  
Signature of supervisor approving the purchase/budget Date

\_\_\_\_\_  
Director of Administrative Services approval Date

MSC Accounts Payable Use: