

Personal Reimbursement Request

Instructions:	es by vendor List in	date of purchase	date					
 List expenditures by vendor. List in date of purchase date. Attach original itemized receipt(s) with proof of payment for each expenditure listed. Payments will be issued to claimant unless it is applied to an advance 								
4. Send form direc	tly to your Busines	Center within 60	days of oldest purchas://oregonstate.edu/fa					
Type of Reimbu	rsement (check o	ne - do not comb	oine funds)					
	Personal [Dept. Petty Ca						
	Employee	Student (Courtesy Emeri			T		
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 Purpo	se - required on all	submissions (Provi	de who, what, where, o	and why of purchase	of goods or services)		
				William Issue (1) Downless and				
Purchase Date	te Who: Vendor Name and Address			What: Item(s) Purchased			Amount	
Please apply	reimbursement a	mount against a	an advance					
Index Code	Activity Code	Account Code	Amount	Index Code	Activity Code	Account Code	Amount	
I CERTIFY THAT THE E	XPENSE(S) ITEMIZED	ABOVE WERE INCUR	RED IN THE				<u>I</u>	
JUST AND NO PART T	HEREOF HAS BEEN H THE EXPENSE(S) TRA	ERETOFORE PAID. I U	GE(S) ARE THEREFORE JNDERSTAND THAT MY OF THE GOODS FROM					
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