CLEAR FORM FIELDS

THE UNIVERSITY OF ARIZONA

UAccess Financials eDoc #:

EMPLOYEE REIMBURSEMENT REQUEST

Date: 11/18/2011

EMPLOYEE & DEPARTMENT INFORMATION			
NAME	**DEPARTMENT NAME**	**DEPARTMENT NO.**	**DEPARTMENT PO BOX**
EMPLID	**ROOM NUMBER**	**CONTACT NAME/TITLE**	**PHONE NUMBER**

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

EMPLOYEE EXPENSE CLAIM	
DESCRIPTION	**AMOUNT**
TOTAL REIMBURSEMENT	$ 0.00

PAYEE SIGNATURE	
I HEREBY CERTIFY BY MY SIGNATURE THAT AUTHORIZED FUNDS ARE AVAILABLE IN THE ACCOUNT AND THE MERCHANDISE OR SERVICE REQUESTED IS FOR BONA FIDE BUSINESS PURPOSES OF THE ACCOUNT CHARGED AND NO OTHER LIKE EQUIPMENT IS AVAILABLE IN THE DEPARTMENT FOR THE PROJECT.	
SIGNATURE	**DATE**

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