**DEPARTMENT PO BOX** 

**PHONE NUMBER** 



**DEPARTMENT NAME** 

**ROOM NUMBER** 

## **EMPLOYEE REIMBURSEMENT REQUEST**

**EMPLOYEE & DEPARTMENT INFORMATION** 

**DEPARTMENT NO.** 

**CONTACT NAME/TITLE** 

Date:

NAME

**EMPLID** 

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 = " o'V\ u" -- V 'h'  $\$  'f'  $\$  'u=- 'y V\ -k\colonw\ '\ 7" k\ \end{align\* V' h#\* k) V\ k = " o" -- V hk - 1\ \end{align\* y ko-) " V) " V' SERVICES OR EQUIPMENT PURCHASED SHALL REMAIN THE PROPERTY OF THE UNIVERSITY OF ARIZONA.

SIGNATURE DATE

## Instructions

- 1) Employee: Submit completed form and any supporting receipts to your department's business office.
- 2) **Business Office:** Attach required documentation to support the expenditure in UAccess Financials to the Notes and Attachment tab.