Banner Document # I _____

Oregon State University OSU

Office of Business Affairs

Reimbursement Request

Send form directly to your Business Center

Type of Reimbursement (check one - do not combine funds)

Personal: ☐ Dept. Petty Cash Refund: ☐ Revolving Fund Reimbursement Code: _____

Name: *(as it appears in Banner)*			OSU ID#:	Department:
Mailing Address: *(as it appears in Banner)*			Contact Name & Telephone Number:	
City	State	Zip	University Address: *(if different from mailing address)*	
Business Purpose - *required on all submissions*				

Description of Expenditures

Date	Vendor Name and Address	Item(s) Purchased	Amount

☐ Please apply reimbursement amount against an advance **Total To Be Reimbursed**

Date	Index Code	Account Code	Activity Code	Amount

Instructions:

1. List expenditures by vendor. For more than one purchase, list in purchase order date (oldest first).
2. Attach original receipt(s) for each expenditure listed.
3. Payments will be issued to claimant unless it is applied to an advance

I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE WERE INCURRED IN THE PERFORMANCE OF MY OFFICIAL DUTIES AND THAT THE CHARGE(S) ARE THEREFORE JUST AND NO PART THEREOF HAS BEEN HERETOFORE PAID.

_____ _____

Claimant's Signature **Date**

Original or faxed copy accepted. Original signature, that was faxed, is to be mailed to your Business Center.

I CERTIFY THAT THE EXPENSE(S) ITEMIZED ABOVE HAVE BEEN REVIEWED AND ARE ACCURATE , ALLOWABLE AND AN APPROPRIATE EXPENDITURE(S). IT IS WITHIN MY BUDGETARY AUTHORITY TO APPROVE THE ABOVE EXPENSE(S).

_____ _____

Budget Authority's Signature **Date**

Original Budget Authority's Signature. No stamps or forgeries.

_____ _____

Printed Name Title

Revised 08/26/2010