WILLAMETTE UNIVERSITY

EXPENSE REIMBURSEMENT REQUEST

To be completed by person to be reimbursed:

Name (please print)	Department
Signature	**Date Submitted**

Mailing Instructions (check one):

- ☐ Campus Mailbox
- ☐ Pick-up at Accounting
- ☐ Mail to:

_____

_____

Original itemized receipts must be attached to this form. Please tape small receipts to a separate sheet of paper.

DATE	DESCRIPTION OF EXPENDITURE (include business purpose & list of attendees if hosting expense)	OUT OF POCKET

To be Completed by Department:

GL Account #	Amount
Total (must equal Balance Due)	

Advances Received	
Check#	Amount

Page 1 Total	
Page 2 Total	
TOTAL OF ALL EXPENSES	
Subtract Advances	
Balance Due Employee	
Balance Due University	

I certify that I have reviewed this payment and find it to be in compliance with established Purchasing and Accounting policies.

If the person to be reimbursed is the budget approver, then the immediate supervisor should approve this request.

APPROVED BY (print name)	SIGNATURE	DATE

DATE	DESCRIPTION OF EXPENDITURE (include business purpose & list of attendees if hosting expense)	OUT OF POCKET
	TOTAL EXPENSES - PAGE 2	