PACIFIC UNIVERSITY

V #: _____

Reimbursement Request

PAYABLE TO: _____ DATE: _____
(Payee Name)
ADDRESS: _____ DATE REQUIRED: _____

_____ MAIL TO ADDRESS: _____

DESCRIPTION: _____ HOLD/NAME: _____
(if different than Payee)

Acct. # _____ Amt. $ _____ | Acct. # _____ Amt. $ _____
Acct. # _____ Amt. $ _____ | Acct. # _____ Amt. $ _____

DATE	ITEM	AMOUNT
	(detail above) _____ miles @ 50.5 ¢ per mile	
	SUBTOTAL (above)	$
	(if applicable) SUBTOTAL (Page 2)	$
	TOTAL EXPENDED	$
	Ck # Date: LESS AMOUNT ADVANCED	$
	(Please circle one) BALANCE DUE PAYEE /DUE PACIFIC	$

NOTE: PROPER RECEIPTS AND BILLS MUST ACCOMPANY THIS REQUEST.
I certify that this claim is true and correct; that no part thereof has been previously claimed or will be claimed from any other source.

Date _____ Signed _____
(Person requesting reimbursement)

Approving Payment _____
(Budget authority)

Note:

- Original receipts are required (except for mileage).
- Reimbursement must have a detailed description.
- Reimbursement for meals must detail: meeting type (breakfast, lunch, dinner), persons attending and purpose of meeting.
- Reimbursement for mileage must list date, destination, total miles and purpose of travel.

Revised 08/05

DATE	ITEM	AMOUNT
	SUBTOTAL (Page 2)	$