Banner Document # | I



Reimbursement Request

Send form directly to your Business Center

Office of Business Affairs

Type of Reimbu	irsement (check one	e - do not combine	e funds)			
Personal:	Dept. Petty Cash	Refund:	Revolving Fund Re	eimbursement Co	ode:	_
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 Purp	ose - required on all	submissions				
				f Expenditures		
Date Vendor Name and Ad		ddress		Item(s) Purchased	Amount	
☐ Please apply	 y reimbursement a	imount against a	an advance		Total To Be Reimbursed	1
Date	Index Code	Account Code	_	Amount	Instructions:	-
					List expenditures by vendor. For more than one purchase, lis in purchase order date (oldest first). Attach original receipt(s) for each expenditure listed. Payments will be issued to claimant unless it is applied to an advance	
PERFORMANCE OF	EXPENSE(S) ITEMIZED MY OFFICIAL DUTIES A THEREOF HAS BEEN H	ND THAT THE CHAR		ACCURATE, ALLOW	EXPENSE(S) ITEMIZED ABOVE HAVE BEEN R ABLE AND AN APPROPRIATE EXPENDITURE PRITY TO APPROVE THE ABOVE EXPENSE(S).	
Claimant's Signature Original or faxed copy accepted. Original signature, that was faxed, Business Center.			Date ed, is to be mailed to your	Budget Author Original Budget Auth	rity's Signature pority's Signature. No stamps or forgeries.	Date
				Printed Name	Title	Revised 08/26/2010