

MISSISSIPPI UNIVERSITY FOR WOMEN

REQUEST FOR REIMBURSEMENT OF PERSONAL EXPENDITURES INCURRED WHILE CONDUCTING OFFICIAL UNIVERSITY BUSINESS

Department: _____

Organization No: _____

Commodities Acct. Code: _____

Employee to be Reimbursed: _____

Employee Address: _____

Employee I.D. Number: _____

City Where Expenditure Made: _____

Names & Titles of Persons Involved: _____

Purpose and Nature of Expenditure: _____

Amount of Expenditure: _____

Date of Expenditure: _____

Attach receipt to this form. Receipt should be itemized.

Credit card slips with totals only are not itemized and, therefore, not acceptable.

Tips for meals should be kept to 15%; otherwise they will be adjusted before payment

I certify that the above expense is necessary in order to conduct official university business that could not have been accomplished otherwise.

(Signature)

(Date)

APPROVALS:

Budget Manager: _____

Dean (if appropriate): _____

Supervising Cabinet Member: _____

Comptroller: _____