

## Check Request

*For non-travel, out of pockets expenses.*

Date: \_\_\_\_\_

Check Payable To:

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employee ID or Visitor's SS# : \_\_\_\_\_

Student ID # : \_\_\_\_\_

Amount of Reimburse \_\_\_\_\_

Brief Description of Expenses: \_\_\_\_\_

\_\_\_\_\_

BFS Chartstring or Speedtype: \_\_\_\_\_

Reimbursement requested by: \_\_\_\_\_

*[Signature]*

Authorized Signature: \_\_\_\_\_

### PROOF OF PAYMENT REQUIREMENTS

Supporting documents may include any of the following:

1. The original, official receipt with a balance due of zero or a computer-printed amount paid.
2. A copy of the front AND back of a cancelled check.
3. A copy of the credit card statement

In order to avoid unnecessary delays with the Disbursements Office, please provide the supporting documentation with your reimbursement claim.

Thank You

PLEASE ATTACH ORIGINAL RECEIPTS TO 8½ X 11 SHEETS OF PAPER WITH TAPE  
ONLY.

DO NOT STAPLE RECEIPTS