

## PERSONAL REIMBURSEMENT REQUEST

*Personal reimbursement request due to University Financial Services no later than 60 days following the purchase*											
TYPE OF REIMBURSEMENT: Check one – do not combine funds											
	UÚÒÜŒYŒÞÕÁŒÖXŒÞÔÒÁÜÒÔUÞÔŒŠŒS/ŒJÞ DEPARTMENTAL P										
All information is <b>REQUIRED</b> and <b>MUST</b> be filled out <b>COMPLETELY</b> . Any missing information will result in a <b>delay</b> of reimbursement.											
PSU EMPLOYEE (FACULTY/STAFF) STUDENT OTHER											
Name	P.S.U. I.D.#				Department						
Address					Contact Name						
City, State, Zip					University Address						
		DESCE	RIPTION (	OF EXPENDI	TURF	FS	 S				
Date					Item Purchased						
		· , , , , , , , , , , , , , , , , , , ,									
Please apply against an advance							То	tal to be reimbursed	ł	\$0.00	
DUSINESS DUDDOSE DECUIDED.											
BUSINESS PURPOSE REQUIRED:											
I certify that the expenses itemized above have been incurred in the performance of my official duties, and that the charges therefore are just and that no part thereof has been											
heretofore paid.	Titlat the charges therefore are just	st and that no part thereof h	u tilat no part tilereor has been		Claimant's Signature					DATE	
					Gamant & Signature					DATE	
I certify that the expense itemized above has been reviewed by me and are accurate,											
allowable, and ap	Departmental Approval										
тороп.				Print Name & Title - REQUIRED						DATE	
		1									
ITEM	INDEX ACCOUNT		ACTIVITY		PROJECT		JECT	LOCATION AI		MOUNT	
		1							1		
Huma	n Resources Use Only	Research and Strate	and Strategic Partnerships Approval			Γ	INSTRUCTIONS				
1101110		(if Grant)	ompo Approva			List expenditures alphabetically by vendor. For more than one purchase					
Overtime Meals for								purchase date order, the olde		Charge slips to	
Account Code- 28	(date) 3502	Signature	Signature				Attach ORIGINAL receipt for each expenditure listed. Charge slips to personal charge accounts ARE NOT ACCEPTABLE.				
Earn Code- FPR							The reimbursement request must be signed by the claimant and their P.S. I.D. number must be listed in the appropriate section.				
DI	JDGET APPROVAL		Print Name & Title - REQUIRED BUSINESS OFFICE APP				Submit to Accounts Payable.				
В	DUCLI AFFRUVAL	DUSINESS	BUSINESS OFFICE APPROV				5 Payment will be in	naliad t	an advance		