

UNIVERSITY OF ALASKA ANCHORAGE EMPLOYEE REIMBURSEMENT REQUEST

INSTRUCTIONS: Complete all fields. Attach the original receipt(s), and a completed and approved Representational / Non-Representation / Foundation Expenditures form if the reimbursement is for a 3008/4008/8115 expense. Do NOT enter a requisition in Banner. Forward to Purchasing for direct payment. **-Please note: this form cannot be used for travel reimbursement.**

Name of UAA employee: _____

UA ID #: _____

Description of purchase: _____

Vendor name: _____ Date of purchase: _____

Invoice/receipt number: _____

Original receipt must be attached.

| | | | | |
|---------------------------|-------|-------|-------|----------|
| Account(s) to be charged: | _____ | _____ | _____ | \$ _____ |
| | fund | org | acct | amount |
| | _____ | _____ | _____ | \$ _____ |
| | fund | org | acct | amount |

Signature of employee who made the purchase

Signature of dean or director approving purchase/budget

Accounting Use Only