

## UNIVERSITY OF ALASKA FAIRBANKS 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. Enter encumbrance in Banner and forward to Accounts Payable for payment. -Please Note: this form cannot be used for travel reimbursement.

Please provide the following information for employee

reimbursement: Remit Address: (if different than HR address)  
 Employee Name: \_\_\_\_\_  
 Employee ID #: \_\_\_\_\_

Please describe the purchase and explain circumstances that resulted in this method of procurement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Invoice/Receipt #: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

**Original receipt must be attached.**

Encumbrance # : \_\_\_\_\_ Total Reimbursement Amount \_\_\_\_\_

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

I certify that the expense(s) included in this request for reimbursement or payment was (were) incurred for the benefit of the university or the respective funding agency in connection with the performance of official duties and obligations, and that, in my opinion, such expenditure(s) represent(s) an appropriate use of public or other funds used to support the expenditure.

\_\_\_\_\_  
 Signature of employee who made the purchase Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of dean or director **\*\*required for all reimbursements\*\*** Date \_\_\_\_\_

Accounting Use Only: