AS541
03/02

Request for Direct Deposit of Employee Reimbursement

Attach detailed receipts

Requested by _____ _____ _____ _____ ____/____/____
University Department | Contact Name | Phone | Fax | Date

Pay to:
Employee Name _____ Social Security Number_____

Merchandise purchased:

Description	Quantity	UOM	Unit Price	Total Price
			Total to be Paid to Employee	$

Document #	
Encum Type	
Encumbrance	
Document	$
Account #	
Tran Type	
Object	
Sub object	
Project	
Amount	

I certify that the above goods have been received and that this bill is properly reimbursable.

I do [ ] do not [ ] have a University procurement card.

Employee signature _____ ____/____/____

Approved by _____ ____/____/____