



EMPLOYEE REIMBURSEMENT REQUEST

This form cannot be used for travel reimbursement. Do NOT enter a requisition in Banner. Attach the original itemized receipts and appropriate back-up then forward to Accounts Payable. Approved UAA Representational (Rep) Expense Allowance Forms are required for 4008/4018/4038/8115/8210 expenses. Please see www.uaa.alaska.edu/aptravel for information about the types of purchases that can be reimbursed with this form.

Employee Legal Name: _____ UA ID#: _____

Employees signed up for Direct Deposit through UAOnline (separate from Payroll Direct Deposit) will receive reimbursement via Direct Deposit. Otherwise, a check will be mailed to the address on file with HR.

Description of Purchase:

Account(s) to be charged:

FUND	ORG	ACCT	AMOUNT	\$
			TOTAL	\$

By signing below, I hereby certify that this is a true and accurate business expense that has not previously been reimbursed.

Signature of Employee requesting reimbursement: _____ Date: _____

By signing below, I hereby certify that this is a true and accurate business expense that is approved for reimbursement.

Signature of Dean/Director/Budget Approver: _____ Date: _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award.

Signature of P.I. (if applicable): _____ Date: _____

*****Accounts Payable Use Only*****

Budget Check _____ Invoice _____

AP Manager Approval _____ Document No. _____