BIOLA UNIVERSITY

REIMBURSEMENT REQUISITION

Payee's Name: _____ **Biola's ID#/ SS# if Guest** _____ **Department Name:** _____

Mailing Address: _____ **Banner Fund:** _____ **Banner Org:** _____

Reimbursements will be made by direct deposit IF bank account information is on file with Accounts Payable. Otherwise, a check will be issued and mailed.

Date(s) of Event: _____ **Location of Event:** _____ **# of Attendees:** _____ **Special Request:** _____

Detailed Business Purpose for Expense: _____

Date	Merchant Name/ Description	Other	Supplies	Local Meals	Travel Meals	Seminar & Conf. Reg	Hotel/ Lodging	Airfare	Travel/Gas Parking	Personal Car	
										Miles	Amount
			71200	71513	71510	71520	71500	71530	71532	71532	$0.67
Totals:											

ATTACH ALL ORIGINAL ITEMIZED RECEIPTS SUPPORTING ALL EXPENSES **Total Reimbursement** _____

Date _____ **Payee's Signature** _____ **Biola's ID#** _____

By signing, payee confirms that expenses were incurred and that the Reimbursement Requisition (RR) being submitted is within policy. If RR is not received by Accounting within 60 days of receipt date, RR will become taxable income to payee.

AP Approval _____

Dept. Approval _____ **Biola's ID#** _____

Log # _____

VP Approval _____ **Budget** _____ **Purch.** _____