

Chemistry Department - Request for Reimbursement

Payee Information Payee Name: _____ Address: _____ City, State, Zip: _____ Employee ID: _____ Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien or permanent resident <input type="checkbox"/> Nonresident alien. <i>Need to include copies of passport & visa</i>						
Initiator Information Request Submitted By: _____ Phone: _____ e-mail: _____@chemistry.ohio-state.edu Date of request: _____ Hold check for pick up at OSU Accounts Payable: <input type="checkbox"/> Comments: _____ <i>Checks held for pick up will designate the initiator as the contact person unless otherwise noted.</i>						
Business Purpose of Payment Attach original Itemized receipts and include additional pages as needed. <i>Food & Meal reimbursements require attendee list, date/time/location of event and affiliation of non-university attendees.</i> _____ _____ _____ _____						
Chartfield and Chartfield Use Approval <i>*required fields</i>						
*Org:	*Fund:	Account:	Project:	Program:	User Defined:	Amount:
Total Amount on this request: \$ _____						
Signature Approval of Chartfield/Account owner (not required if Payee is owner): Signature: _____ Date: _____						
Signature of Payee: <i>I certify the costs submitted for reimbursement are actual and reasonable and incurred for a valid OSU business purpose in accordance with university policies.</i> Signature: _____ Date: _____						

Submit completed forms to: Chemistry Accounting Office, Room 1104 Newman & Wolfrom Lab

Reviewed by: _____

Department approval: _____