

REIMBURSEMENT REQUEST

School/Dept./Div. _____

Location Code _____ Telephone _____

Requisitioner _____

Payment Request No. _____ <div style="text-align: center;"> Please Print <i>This is your reference number Alpha-numeric 10 digit maximum</i> </div>

Pay to: _____ Pay to Address: _____ Vendor Number: _____ (required) or secure Bid Request Application from the Procurement Web Page; have vendor complete and return to you for submitting with your Payment Request. If business is registered in Shelby Co. - Business License Number _____

Fund	Function	Object	Department	Location	Project	Invoice Number or Description of Payment Request <i>Attach original invoice, registration form, subscription renewal form, contract, etc.</i>	Budgetary Total
Payment Total							

Justification: _____

A	Director of Major Construction/Facilities: _____	Date	
P	Project Manager: _____	Date	
P	Trade Masters: _____	Date	
R	Director - Federal Programs: _____	Date	
O	Principal: _____	Date	
V	Senior Leadership: _____	Date	
E	Senior Accountant (Capital): _____	Date	
D	Manager, Accounting and Reporting: _____	Date	
	Other (Title) _____	Date	

Maintain copy of this form for your records. For questions call Accounts Payable @ 416-5407.