PRIOR APPROVAL TO REIMBURSE/PAY

Submit COMPLETED form to Jeffrey M. Brewer

Date: ___________________________ ESTIMATED Amount: ___________________________

TAX not reimbursable (Form Available upon request)

STAFF/FACULTY Making Request: ______________________________

PAYEE: ___________________________ PAYEE UTEID: ____________

PHONE: ___________________________ EMAIL: ______________________________

ACCT: ___________________________

Account Balance ________

Notes:

APPROVED TO
Reimburse/Pay

Date:

____________________

____________________

EXPIRES 30 DAYS FROM DATE OF APPROVAL

COMMENTS

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Submit APPROVED form with original invoice or itemized receipt(s) to
Payment Desk/Mailbox for Reimbursement/ Payment

Nov. 2014