

## **REQUEST FOR PAYMENT VOUCHER**

This form is used to request reimbursement for non-travel expenses incurred in the					business.	
Payee's Name:				Banner ID:		
Payee's Mailing						
Address:						
City:		State:		Zip		
DATE	DECCRIS	FION				
DATE	DESCRIP	HON	AMOUNT	INDEX CODE	ACCOUNT	
				TOTAL		
<b>CHECKLIST - PLE</b>	ASE REVIEW BEFORE SUBI	MITTING EXPENSES:				
Supporting Do	cuments are attached (original rec	eipts, etc.)				
		rm to Finance Office: Attn: Acco	ounts Payable			
		ION AND CERTIFICATION		URES		
Emplovee Certificatio	n: I certify that this claim is true and c	orrect in every material matter:	that the exper	ses were incurred b	v undersigned as necessary	
	mance of my official duties for my po				, ,	
I authorize UCC to dep	osit by electronic transfer my reimbu	rsement to the financial instituti	on and primar			
	bility for providing complete and accu					
	er understand that if changes occur in	my account, i.e. switching depo	sit from check	ng to savings, closin	ng account, etc., it is my	
Requestor's Signature	ct Payroll Services immediately.	Al			Date:	
hequestor's Signature	•	Name			Dute.	
		(please print ) :				
Supervisor's Signature	<b>:</b>	Name			Date:	
		(please print ) :				
SLT Member Signature: *		Name			Date:	
					1	

<sup>\*</sup> SLT Member Signature is only required if the amount requested for reimbursement is above supervisor's authority.