Seattle Pacific UNIVERSITY

Reimbursement/Reclass Request

Travel, Business, and Related Expenses

ASSP - Revised 07/11

assp

Claimant Name (Last, First):

Claimant Student ID #: **Phone #:**

Date of Event(s):

Detailed Notes (Include name of event(s), purpose, location(s), and attendee names [if more than 10, just put a number]):

**If reimbursement is for complimentary gifts/award, list names of individuals who will receive the complimentary gifts/award.

Description of Expenses	Amount
Total:	

Vendor No.

Voucher No.

Reimbursement/Reclass	Date	Amount Paid	Fund	Org	Account	Activity (Optional)	Amount DB (-CR)
				2813			
				2813			
				2813			
				2813			
				2813			
Total:							

Important Instructions:

1. List Business Purpose related to each expense
2. Attach all necessary receipts and/or statements.
3. Allow a full week of processing time

Cash Summary
Less Advance-
Balance Due-
If Balance Due amount is negative, the amount is due to SPU, otherwise it is due to you.

Claimant *Date*	**ASSP Finance** *Date*	
Budget Manager *Date*	**Payment Approval**	**Check #**

SPU Finance | **ASSP Finance**