Engaging the culture, changing the world®

Seattle Pacific UNIVERSITY

REIMBURSEMENT/RECLASS REQUEST

TRAVEL, BUSINESS, AND RELATED EXPENSES

ASSP–REVISED 02/11

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:	$ 0.00

VENDOR NO.

VOUCHER NO.

REIMBURSEMENT/RECLASS	DATE	AMOUNT PAID	FUND	ORG	ACCOUNT	AMOUNT DB(-CR)
				2813		
				2813		
				2813		
				2813		
				2813		
TOTAL:		$ 0.00				$ 0.00

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