

MISSISSIPPI UNIVERSITY FOR WOMEN

REQUEST FOR REIMBURSEMENT OF PERSONAL EXPENDITURES INCURRED WHILE CONDUCTING OFFICIAL UNIVERSITY BUSINESS

Department: _____

Organization No.: _____

Commodities Acct. No.: _____

Staff Member to be Reimbursed: _____
(Last Name) (First) (Middle Initial)

Staff Member Address: _____

MUW ID Number: _____

City Where Expenditure was Made: _____

Names and Titles of Persons Involved: _____

Purpose and Nature of Expenditure: _____

Amount of Expenditure: _____

Attach receipt to the back of this form. Receipt should be ITEMIZED

Credit card slips with totals only are not itemized and, therefore, not acceptable.

Tips should be kept to 20%; otherwise they will be adjusted before payment.

Date of Expenditure: _____

I certify that the above expense is necessary in order to conduct official university business that could not have been accomplished otherwise.

(Signature) (Date)

APPROVED:

Budget Manager: _____
(Signature) (Date)

Executive Committee Member: _____
(Signature) (Date)

University Accounting: _____
(Signature) (Date)