



This form shall be completed and submitted along with supporting documentation (i.e., itemized receipt and proof of payment) for requests to reimburse an employee for business related items between \$151 < \$999. Requests < \$150 should be processed using Petty Cash Procedures. Please return completed form to your department-assigned Procurement Specialist.

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**PAYEE INFORMATION**  
*(Payments will be delivered to Cashiering (SSC 230) or via direct deposit.)*

Procurement Specialist: \_\_\_\_\_

Name: \_\_\_\_\_ Chico State ID: \_\_\_\_\_

Department: \_\_\_\_\_ Budget Contact Name: \_\_\_\_\_ Extension: \_\_\_\_\_

**STATE CHARTFIELD**

Account	Fund	Dept. ID	Program (Optional)	Class (Optional)	Amount
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**DESCRIPTION OF ITEMS PURCHASED/COMMENTS:**

\_\_\_\_\_

**EMPLOYEE CERTIFICATION**

I certify that I have personally paid for the items identified and that upon reimbursement they become University property. If any items are returned, I will refund the appropriate amount to the University. Further, if any items are for use at a non-University location, I will complete and obtain departmental approval on the 'Off-Campus Use of State Property' form located at [www.csuchico.edu/pm/forms.shtml](http://www.csuchico.edu/pm/forms.shtml).

Payee: \_\_\_\_\_  
SIGNATURE PRINT NAME DATE

**AUTHORIZATION**

*By signing this request, I certify this event/expense serves a clear University business purpose, is consistent with the mission of the University, is cost effective, does not include alcohol, and is in accordance with the best use of public funds. Higher authority approval is required.*

Department: \_\_\_\_\_  
*(must have signature authority on file)* SIGNATURE PRINT NAME DATE

**Procurement and Contract Services:** \_\_\_\_\_ **Date:** \_\_\_\_\_