CALIFORNIA STATE UNIVERSITY, CHICO
FINANCIAL SERVICES

PROCUREMENT AND
CONTRACT SERVICES
KENDALL HALL ROOM 206
CHICO, CA 95929-0244
530-898-5134
www.csuchico.edu/purc

Employee Reimbursement (non-hospitality)

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. Additionally, I will not seek reimbursement for (1) a duplicate request or (2) from any other sources. 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.

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:** _____