



**Processing Procedure:** Submit completed form to above office along with the original **itemized** receipt(s) confirming items were paid. Add a comment to the CFS requisition to advise Procurement that this invoice and receipt(s) are en route. **Reimbursements for purchases may not exceed \$1,000.** Payment will normally be made within 30 days of the date the invoice is approved and received.

**PAYEE INFORMATION**

**Requisition/PO#:** \_\_\_\_\_ **Payment Amount:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Payee:** Name: \_\_\_\_\_

*if campus  
payee, please  
note campus  
ZIP only.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DESCRIPTION OF PURCHASE**

**Payment is requested for the following items purchased:**

**DESCRIPTION OF SERVICES**

**Payment is requested for the following services provided:**

Dates of service: \_\_\_\_\_

**AUTHORIZATION**

**Purchases:** *I certify that I have personally paid for the items identified above 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)*

**Services:** *I certify that I have personally provided the services described above on the dates noted and that prior payment has not been received.*

Payee: \_\_\_\_\_

SIGNATURE

PRINT NAME

DATE

*I certify the items identified above have been received and are for University related use. Please proceed with payment to the named individual.*

Authorizing Individual: \_\_\_\_\_

*(must be a higher authority as applicable)*

SIGNATURE

PRINT NAME

DATE