

REV 08/2020

## **PAYMENT REIMBURSEMENT FORM**



PHONE: Cell DOCUMENT DATE: EMPLOYEE ID# NFTID# TOTAL OF ALL RECEIPTS: Home PAYEE NAME: UNIVERSITY TITLE: US STATE OR FOREIGN COUNTRY (TYPE IN BOX): US ZIP ADDRESS: CITY: ☐ FOREIGN POSTAL CODE DATE OF EVENT: DATE OF TRAVEL: DESTINATION: CONFERENCE: USE THE SUMMARY BOX TO GIVE DETAILS. ESPECIALLY FOR RESTRICTED RESEARCH FUNDS, SO THAT WE CAN PROPERLY FILL OUT UNIVERSITY REQUIRED PRESENTATION ATTENDANCE ONLY PUBLISHING INFORMATION WHEN PROCESSING YOUR REIMBURESEMENT. THIS ALSO HELPS US KEEP TRACK OF FUNDS IF YOU REQUEST AN ACCOUNT STATUS OTHER CONFERENCE TITLE: OR REVIEW OF YOUR REIMBURSEMENTS FOR THE FISCAL YEAR. **SUMMARY REASON FOR REIMBURSEMENT:** LIST RECEIPT INFORMATION: **RECEIPT#** TRANS. DATE **COMPANY** Total **REIMBURSEMENT SOURCE:** FOR AWARD AND GRANT REIMBURSEMENTS, YOU MUST ATTACH THE LETTER TO THIS FORM FOR SUBMISSION. FOR DEPARTMENT REIMBURSEMENT, SELECT "OTHER" AND WRITE LCL ON THE LINE AND ATTACH DEPARTMENT HEAD APPROVAL DOCUMENT. ANY REIMBURSEMENT WITHOUT SUPPORTING DOCUMENTS WILL BE REJECTED. **AAUP OVPR** KFS number\_\_\_\_ PERSONAL RESEARCH ACCOUNT KFS number \_\_\_\_\_ OTHER I AM A GRADUATE STUDENT **AUTHORIZED SIGNATURE:** AUTHORIZED SIGNATURE / APPROVAL DATE: **OFFICE USE ONLY:** DATE RECEIVED DATE SUBMITTED KFS OTHER NOTES: OFFICE STAFF: INITIAL BOX AT TOP OF FORM WHEN COMPLETED.