

P&A Worksheet for Reimbursements

Date: _____

Name: _____

Email: _____

Phone: _____

Banner ID: _____

Index	Acct. Code	Amount

Direct Deposit _____ Check _____

Collaborative Meal Reimbursement

- Guest: _____
- Date: _____
- Business Purpose _____
- List of *attendees and affiliation*

- Attach an itemized original receipt

Goods and Services less than \$500.00

- Items Purchased: _____
- Business Purpose _____
- Attach itemized original receipts.
- For conference registration reimbursements, attach conference agenda and talk details.

(for office use only)
___ Submitted
___ Odrive
___ Index
___ Scan
___ Odrive Updated
___ Index Updated
Report # _____

Signature Authorization: _____

Submit your request to Front office for processing.