

BIOLA UNIVERSITY
REIMBURSEMENT REQUISITION
(not to be used for cash advance)

Requestor's Name: _____ Biola ID # _____ Social Security#: _____

Dept Name: _____ Banner Fund: _____ Banner Organization: _____

Business Purpose of Expenses/Event Name: _____

Reimbursement disposition:

	When check is ready for pick-up, please call (name) _____ at (tel#) _____ Mileage rate after
	When reimbursement check is ready, please mail to: _____ Jan. 1, 2009 =
	When paperwork is processed, please reimburse me via direct deposit. I have already set up direct deposit with Accounts Payable that is separate from my payroll.
	Special instruction. Please specify: _____

DATE	DESCRIPTION	Other	Supplies	Food/ Meals	Phone	Postage	Seminar/ Fee	Hotel / Motel	Travel/ Parking	PERSONAL CAR	
										Miles	Amount
			71200	71510	72200	72000	71520	71500	71530		
	TOTALS										

Requestor's Signature: _____

TOTAL REIMBURSEMENT AMOUNT _____

Dept Approval
 Signature: _____ Biola ID# _____

ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES

PAC Member Approval: _____

Accounting
 Approval: _____