BIOLA UNIVERSITY

REIMBURSEMENT REQUISITION

(not to be used for cash advance)

Payee'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#) _____

☐ When reimbursement check is ready, please mail to: _____

☐ 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: _____

Mileage rate after July 1, 2011 0.55 per mile

DATE	DESCRIPTION	Other	Supplies	Food/ Meals	Phone	Postage	Seminar/ Fee	Hotel / Motel	Travel/ Parking	PERSONAL CAR Miles	PERSONAL CAR Amount
			71200	71510	72200	72000	71520	71500	71530		
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
											0.00
	TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL REIMBUSEMENT AMOUNT 0.00

Requestor's Signature: _____

Dept Approval Signature: _____ Biola ID# _____

ATTACH ORIGINAL RECEIPTS SUPPORTING ALL EXPENSES

PAC Member Approval: _____

Accounting Approval: _____