



UNIVERSITY DEPARTMENT
REIMBURSEMENT REQUEST FORM

*(Expense documentation **MUST** be submitted with all request forms)*

DATE: _____

PAY TO: MISSOURI WESTERN STATE UNIVERSITY

DEPARTMENT: _____

UNIVERSITY BUDGET DEPOSIT INFORMATION (REQUIRED):

FUND#: _____ ORGANIZATION#: _____ ACCOUNT# _____ PROGRAM#: _____

FOUNDATION EXPENSE INFORMATION (REQUIRED):

PAYMENT AMOUNT: \$ _____

FOUNDATION FUND NUMBER: _____

FOUNDATION FUND NAME/DESCRIPTION: _____

EXPENSE DESCRIPTION: _____

PAYMENT REQUESTED BY:

APPROVED BY CHAIR/SUPERVISOR:

APPROVED BY DEAN/VICE PRESIDENT:

APPROVED BY PROVOST/PRESIDENT:

Foundation Use Only:

Entered By: _____

Reviewed By: _____

Invoice #: _____

GL#: _____

Approved: _____

Date Paid: _____

Check Number: _____

University Accounting Use Only:

Approved By: _____

Completed request form must be submitted to University Accounting for reimbursement processing.