## ePay Reimbursment Request

Items 1 Through 8 Must Be Completed By Requestor For ePay Requests

Date of Purchase:
2. Vendor:
Items Purchased:
Purchase justification:
•
*
4. Total Amount:
Additional Requirements for Reimbursement
5. Reimbursement paid to:
6. Department Name:
o. Bopartinone remo.
7. FAU:
8. Authorized Signature:
Departmental Information (Optional)
9. Account #:
Exceptional Approval (If Required for Item(s) Purchased)
Approved By:
* FP:
Signature :
Title:

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