

# ePay Reimbursement Request

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

1. Date of Purchase: \_\_\_\_\_

2. Vendor: \_\_\_\_\_

3. Items Purchased: \_\_\_\_\_

Purchase justification:

4. Total Amount: \_\_\_\_\_

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## Additional Requirements for Reimbursement

5. Reimbursement paid to: \_\_\_\_\_

6. Department Name: \_\_\_\_\_

7. FAU: \_\_\_\_\_

8. Authorized Signature : \_\_\_\_\_

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## Departmental Information (Optional)

9. Account #: \_\_\_\_\_

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## Exceptional Approval (If Required for Item(s) Purchased)

Approved By: \_\_\_\_\_

Signature : \_\_\_\_\_

Title: \_\_\_\_\_