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: ________________________________

Additional Requirements for Reimbursement

5. Reimbursement paid to: ________________________________

6. Department Name: ________________________________

7. FAU: ________________________________

8. Authorized Signature: ________________________________

Departmental Information (Optional)

9. Account #: ________________________________

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

Approved By: ________________________________

Signature: ________________________________

Title: ________________________________