

EAST STROUDSBURG UNIVERSITY
REIMBURSEMENT REQUEST

DATE OF
PURCHASE _____

NAME: _____ (PERSON TO BE REIMBURSED)

VENDOR # _____ (TO BE FILLED IN BY ACCOUNTS PAYABLE)

AMOUNT _____ \$ _____

G/L ACCOUNT # _____

COST CENTER # _____

FUND # _____

JUSTIFICATION: _____

REQUESTER SIGNATURE: _____

AUTHORIZED SIGNATURE: _____

DATE:

Please attach all original receipts

NOTE: SALES TAX IS NOT REIMBURSABLE

**THIS FORM IS ONLY FOR ITEMS \$100.00 OR LESS
ITEMS OVER \$100.00 MUST BE SENT TO CONTROLLER'S OFFICE
FOR APPROVAL PRIOR TO SENDING TO ACCOUNTS PAYABLE**