

Date: _____

Requests must be submitted to the Business Office by 12:00PM Friday.
Checks will be available in Student & Departmental Account Services the following Friday at 12:00PM.
E-Checks will be deposited to the bank account that you have recorded in Webadvisor

See below for payment distribution options.

A payment will not be issued unless all receipts, invoices, or other supporting documents are attached.
Reimbursement requests must be submitted within 60 days of the employee/student incurring the expense.
Reimbursement policies: www.lclark.edu/offices/business/accounts_payable/expense_reimbursements/index.php
Checks to independent contractors (Honoraria, payments to individuals for services, performers, etc):
A W-9 form is required before the check will be processed.

Payee ID Number : _____ REQUIRED for employee/student reimbursements

Payee Name: _____

Address: _____

Business Purpose: _____

REQUIRED FOR EMPLOYEE/STUDENT REIMBURSEMENTS: CERTIFICATION OF PAYEE

I hereby certify that all expenses on this reimbursement request were incurred for Lewis and Clark College business purposes and have not previously been submitted for reimbursement.
Expenditures were made in accordance with Lewis and Clark College policies .

Payee Signature

AMOUNT: _____ DATE NEEDED: _____

DEPARTMENT NAME: _____

AUTHORIZING SIGNATURE: _____

FOR EMPLOYEE/STUDENT REIMBURSEMENT REQUESTS:

Must be signed by a person with budgetary authority who is in a supervisory capacity to the payee.

Please Print Name of authorized signer: _____

Account Number (11 Digits) Debit Credit

Payment Method: (Select one)

Reimbursements under \$50 will be issued in Cash at Student & Departmental Account Services unless "Mail to Above" or "E-Check" is checked below.

- Cash * _____ For reimbursements less than or equal to \$50
- E-Check _____ REQUIRED: bank information recorded in Webadvisor
- Mail to Above _____ Off-campus addresses only
- Pick up Check * _____ Phone Number: _____

* in Student & Departmental Account Services, Email: _____
lower level Templeton

For Cash reimbursement under \$50, take to Student & Departmental Acct Services		
Amount:	Approving Representative's Initials:	Recipient Signature:

FOR BUSINESS OFFICE USE

BY _____ VOUCHER DATE _____ VOUCHER NUMBER _____