Employee Reimbursement Form

Directions

Attention: This form is to be used for employee reimbursement only. Reimbursement requests should only be submitted if the expenditures could not be made using the Visa Pcard. ***This request form cannot be used for Travel, Stipends, Honorariums, Special Consultants, or Independent Contractors.*** *(See payment matrix for more details.)*

Direct Deposit ☐	Please fill out attached Direct Deposit form if you are not currently enrolled in Financial Services direct deposit. Also, please note that Payroll and Financial Services - Accounts Payable are two separate payment systems.	**FIN SRVCS USE ONLY**
Mail Out ☐		Vendor #:

EMPLOYEE NAME	**EMPLOYEE ADDRESS (department not acceptable)**	CONFIRMED
Back-up for reimbursement must be attached.		

RECEIPT DESCRIPTION *(Include vendor's name. Reimbursement will be allocated to the chart string below.)*

Account	Fund	Dept	Program	Project	Amount

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Account	Fund	Dept	Program	Project	Amount

RECEIPT DESCRIPTION *(Include vendor's name. Reimbursement will be allocated to the chart string below.)*

Account	Fund	Dept	Program	Project	Amount

Remarks and Details

TOTAL: $ 0.00

CONFIRMED

REQUESTOR INFORMATION	**Date**	CONFIRMED
Requestor Name:	**Signature:**	
(Only if required by Dean/AVP) **Dept Chair/Supervisor Name:**	**Signature:**	

The signers certify that the above is a true statement of expenses and payment is approved.
(Payments of $1000 or more require approval from the appropriate Vice President.)

AUTHORIZATIONS	**Date**	CONFIRMED
(Under $1000.00) **Dean/AVP Name:**	**Signature:**	
($1000.00 or above) **VP Name:**	**Signature:**	

Clear

California State University | Stanislaus

Authorization for Electronic Payment

Employee Information:

Employee Name: _____

Employee Address: _____

Telephone Number: _____ E-Mail: _____

Bank information:

Bank Name: _____

Bank Address: _____

City: _____ State/Province: _____

Postal Code: _____

Bank Routing Code: _____ ☐ Checking ☐ Savings

Bank Account Number: _____

Bank Account Holder Name: _____

Remittance Advice Information:

Contact Name: _____ Email Address: _____

Authorization:

I certify that the information above is true and correct, and that I hereby authorize California State University, Stanislaus and its related Auxiliaries (ASI, USU, ABS, FDN) to electronically deposit payments to the designated bank account. This authority remains in full force until California State University, Stanislaus or its related entities, receives written notification requesting a change, cancellation, or until California State University, Stanislaus or its related entities, notifies you that the service is no longer available.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____