



# Seattle University Controller's Office Reimbursement Requisition Form

SU ID Number: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount of Check: \_\_\_\_\_ Address: \_\_\_\_\_  
Payee: \_\_\_\_\_

## Accounting Distribution

<u>Fund</u>	<u>Department</u>	<u>Account</u>	<u>Amount</u>
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**Business reason for reimbursement:**

\_\_\_\_\_  
\_\_\_\_\_

## Handling Instructions

☐ Mail ☐ Pick Up ☐ Direct Deposit  
(Employees only)

**Comment**

Person to Pick Up: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date Needed: \_\_\_\_\_

***A minimum of five (5) business days  
is required to process payment.***

Approved by: \_\_\_\_\_

Print/Type Name

Signature (*in blue ink, please*)

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

Department: \_\_\_\_\_

## For Purchases on Sponsored Agreements

Vendor (if Payee is being reimbursed): \_\_\_\_\_

Is Vendor listed on Approved Vendors List? ☐ Yes ☐ No If No, is W-9 Attached? ☐ Yes ☐ No

ORSSP Approval: \_\_\_\_\_ Date: \_\_\_\_\_