UNIVERSITY OF OREGON

OREGON CONSORTIUM FOR INTERNATIONAL AND AREA STUDIES

BUSINESS EXPENSE REIMBURSEMENT REQUEST Please complete the information requested in Sections 1 through 4 and submit with your original receipts attached. Incomplete forms will be returned, which can delay the reimbursement process. Section 1: PERSONAL INFORMATION U of O ID# Name Address (for non-University employee) Request Date City/State/Zip Section 2: DESCRIPTION OF EXPENDITURES **Vendor Name** Purchase details Date Amount **Total Reimbursement Requested** Section 3: BUSINESS PURPOSE Section 4: SIGNATURES / APPROVALS Requestor's signature Department Approval Date Date By signing above, I certify the foregoing claim for expenses is true and correct. These expenses were incurred to benefit an authorized program of the University of Oregon and are not subject to payment by any other funding source. For English Administration Use Only Section 5: ACCOUNT CODES Banner # Index **Activity Code** Account # Commodity # **Amount**