



Finance Shared Services

Employee Non-Travel Reimbursement Form

NAME:

DATE:

EMPLOYEE ID:

DEPARTMENT OR DEPARTMENT #:

EMPLOYEE SIGNATURE:

I certify all expenses are accurate and were incurred due to my position at the University, and I followed University procurement policy and procedures.

SUPERVISOR SIGNATURE:

I certify funds are available from the account below and these expenses are in compliance with University policies and procedures.

AMOUNT OF REIMBURSEMENT REQUEST:

PURPOSE OF REIMBURSEMENT:

PLEASE FILL IN THE CHARTFIELD STRING(S) BELOW FOR REIMBURSEMENT IF KNOWN, OR INDICATE THE RESOURCE TO USE FOR REIMBURSEMENT

FUND RESOURCE:

Table with 7 columns: ACCOUNT, FUND, DEPT #, PROGRAM, CLASS, PROJECT, AMOUNT

Business Meal Requirements:

Business Purpose:

CU Employees in attendance:

Non-Employees and relationship to University:

EMPLOYEE: Forward completed form and detailed receipt(s) to your supervisor for approval. (Note: Scanned/electronic receipts are acceptable)

SUPERVISOR: Forward approved form and receipt(s) to Shared Services for processing.

Shared Service Contact: FSS@clemson.edu