

REQUEST FOR DIRECT DEPOSIT OF EMPLOYEE REIMBURSEMENT

AS541

Request Date _____

Department		
Contact		
Phone	Fax	E-mail

Payee		Employee or Student *If student, please check below:
LSU ID		___ Undergraduate
Document #		___ Graduate
		___ Ph.D.

Description	Quantity	Unit	Unit Price	Total Price
Total Due to Employee				

Account #		
Transaction Type		
Object Code		
Sub Object Code		
Project #		

I do <input type="checkbox"/> I do not <input type="checkbox"/> have a University procurement card.
Purpose of Purchase:

APPROVALS	Signature	Printed Name	Date
I certify that the above goods have been received and that this bill is properly reimbursable.			
I understand that itemized receipts must be provided in order to be reimbursed for the purchase(s). I also understand that since I paid with personal funds, I will NOT be reimbursed sales tax by the University .			
Employee's Signature			
Supervisor Approval*			
Authorizing Signature			

*Supervisor Approval or departmental person with first-hand knowledge must approve to substantiate the validity of the purchase