

Cash Reimbursement Authorization Request

To: **NCSU Accounts Payable**

Date: _____

From: _____
 _____ - **BOX #**

SP:	
Account #:	
College Approved:	
Date:	
Vendor No. :	

This is to certify that the following individual was authorized to purchase the item(s)/service(s), for the amount specified, from the following vendor(s), on the following date(s) as listed below:

I P U R C H A S E R I O N	Name: _____	Amount of receipt(s): _____
	Store(s): _____	Date: _____
	_____	Account Number: _____
	Item(s) Purchased: _____ _____ _____	Receipt Number (see receipt attached): _____
	Purchaser's Signature: _____	

A P P R O V A L	<u>Comments</u>	
	_____ _____ _____	
	Authorized by: _____ (PI / Department Head)	Date: _____

Note: All cash reimbursement checks will be sent to your home address.

Home Address: _____

Revised 10/25/05