

Expense Reimbursement Request Instructions

Expense Reimbursement Check Request forms are initiated by the requester and signed by both the requester and the budget authorizer. This process may reimburse individuals for miscellaneous purchases of merchandise or supplies for University use for amounts up to \$2,000. Some fields have been prefilled. The fields that you must complete are highlighted in yellow; brief descriptions of the highlighted fields follow.

Required attachments: Original receipts or other documents showing proof of payment must be provided. Include a completed perjury statement in the absence of original documents. If claiming mileage, either a mileage log with odometer readings or a Mapquest printout showing mileage total must be attached. Per diem or lodging cannot be reimbursed using Check Request – a Travel Expense Voucher (TEV) must be used for those charges.

Send the originals of the Check Request form and required attachments to Financial Services, 216 Anderson Hall, or your Budget Analyst. Financial Services staff or other administrative staff will complete remaining required fields. When your check is ready you will be contacted for pick-up.

UNIVERSITY OF WASHINGTON CHECK REQUEST
ACCOUNTS PAYABLE, BOX 351130

RESET BUTTON Vendor Code

Reason for Payment: Reimbursement (Attachments Required)
 Honorarium (Details listed below)
 Other

Service Date or Period: _____ Transaction Code: **50**

Department Name: **College of Forest Resources** Department Contact: _____ Department Phone: _____

Tech Contact: **1** Tech Phone: **2** Box Number: **352100**

STATUS (required): U.S. Citizen
 Non-Resident Alien
 Resident Alien

Primary Act Notice: IRC Section 6109 requires most requestors for services performed to give taxpayer identification numbers to payers who must report the payments to IRS. IRS uses the numbers for identification purposes. Payers must be given the numbers whether or not requestors are required to file tax returns. Payers must generally withhold taxes from taxable payments to a payee who does not furnish a taxpayer identification number to a payer. Certain penalties also apply.

U.S. Taxpayer ID Number: _____ 1099 Type: _____

1. Vendor/Claimant Name: **3** Check #: _____
 2. _____ Received by: _____

3. Permanent Address: **4**
 4. _____

5a. City: **5** State: **6** Zip: **7** VENDOR'S CERTIFICATE: I hereby certify that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the University of Washington.
 Signature: **8**
 Date: **9**

5b. Country (Foreign): _____

Check Handling Instructions:
 Mail to Permanent Address
 Hold for Pick-up; Call: _____
 Phone: _____
 Send to: 3. c/o. **Financial Services**
 4. Box **352100**

Special Instructions: _____

Detailed Description (Required)	Quantity	Unit	Unit Price	Extended Amount
10				11
2.				
3.				
4.				
5.				
6.				
SUBTOTAL ▶				
LESS WH ▶				
CHECK AMOUNT ▶				

ACCOUNTING DETAIL

FUND	S / L	GENL LDR	COST ACCOUNTING ONLY	L / O	USE TAX	AMOUNT	INVOICE/ REFERENCE NUMBER	DATE PREPARED
12								

Preparer's Signature: _____ Authorizing Official's Signature: **13** Check Number: _____
 Date Signed: _____ Date Approved: **14** Check Date: _____

UNIVERSITY OF WASHINGTON (Rev. 12/00)

1. and 2. **TECH CONTACT & PHONE:** UW Employee with knowledge of actual transaction; this could be the person being reimbursed (claimant), or another employee with knowledge of actual transaction.

3. through 7. **CLAIMANT NAME/PERMANENT ADDRESS:** Full legal name of claimant as registered with the Social Security Administration, and home address

8. and 9. **VENDOR'S CERTIFICATE:** Signature of claimant, along with date signed.

10. **DETAILED DESCRIPTION.** Description of item purchased, including business purpose. If reimbursement is for an event, a list of all invitees must be included.

11. Dollar amount of request.

12. **BUDGET NUMBER - Six digits only (##-#####)**

13. and 14. Signature of budget authorizer, along with date signed.