

Reimbursement Request

Human & Community Resource Development

Name:	SS #:
Home or Office Address:	
Street:	
City:	State: OH
Zip:	

Charge following fund: <input type="checkbox"/> Teaching <input type="checkbox"/> Research <input type="checkbox"/> Extension <input type="checkbox"/> Special allocation Teaching Award fund (OAA) <input type="checkbox"/> Start-up <input type="checkbox"/> Release <input type="checkbox"/> Prof Dev <input type="checkbox"/> OSTEP <input type="checkbox"/> Teach Awd <input type="checkbox"/> Adviser Awd <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Split funding (specify \$ amounts below)				
Teaching	Research	Extension	Spec alloc	Other
\$	\$	\$	\$	\$

Faculty signature authorizing charge to individual fund(s): _____

Completed by fiscal person:

Org:	Fund:	Acct:	Project:	Program:	User
Org:	Fund:	Acct:	Project:	Program:	User

Information required (check one box in each column):

- | | |
|--|--|
| <input type="checkbox"/> OSU Employee
<input type="checkbox"/> Non-Employee
<input type="checkbox"/> OSU Student Employee
<input type="checkbox"/> OSU Student Non-employee | <input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Nonresident Alien Employee
<input type="checkbox"/> Nonresident Alien Non-employee
Country of Residence _____
(attach copy of passport <u>AND</u> Visa <u>OR</u> I-94)
<input type="checkbox"/> Resident alien/permanent resident
(attach W-9 form) |
|--|--|

Travel-related expenditures—do NOT use this form. Request reimbursement on travel form, listing under “other.”

Attach **original itemized receipts**. Please number and **tape receipts to 8-1/2x11” sheet**. List below.

Receipt Number	Vendor Name	Description/Purpose	\$ Amount (including tax)
1			
2			
3			
4			
	TOTAL		

Signature _____ Date _____

(Person reimbursed)