



Request for Miscellaneous Reimbursement

Please mail my check
I will pick up my check

Use this form to request reimbursement for NON-TRAVEL expenditures.
For travel-related expenses, use the Travel Reimbursement Form.

Payee Name	Payee ID (or SSN#)	Payee Contact Information		
		Address	Phone	e-mail
Business Purpose for Items Purchased				
Date	Description	Account Number	Amount	
TOTAL				

Proper documentation must be attached and expenses must be allowable under University policies. Reimbursement for food items must include agendas and event flyers when applicable and a guest list/sign-up sheet showing all in attendance along with each participant's association with TROY. Attach original, itemized, detailed receipts to an 8 1/2" x 11" sheet of paper.

I hereby certify that the expenses listed above were incurred by me and are necessary and appropriate expenditures of Troy University. By my signature, I acknowledge that the goods purchased became the property of Troy University.

\$1,500 or less
Department Chairs

Payee Signature

\$1,501 to \$3,000
Associate Deans, Campus Directors

Supervisor (if applicable)

\$3,001 to \$5,000
Deans, Associate Vice Chancellors, University-Wide Directors, Controller, Senior Associate Athletic Director