

<b>For Student &amp; Departmental Acct Services Use:</b>		
<b>Amount:</b>	<b>Representative's Initials:</b>	<b>Recipient Signature:</b>

Date: \_\_\_\_\_

Requests must be submitted to the Business Office by 12:00PM Friday.  
 Checks will be available in Student & Departmental Account Services the following Friday at 12:00PM.  
 E-Checks will be deposited to the bank account that you have recorded in Webadvisor

See below for payment distribution options.

A payment will not be issued unless all receipts, invoices, or other supporting documents are attached.  
 Reimbursement requests must be submitted within 60 days of the employee/student incurring the expense.  
 Reimbursement policies: [www.lclark.edu/offices/business/accounts\\_payable/expense\\_reimbursements/index.php](http://www.lclark.edu/offices/business/accounts_payable/expense_reimbursements/index.php)  
Checks to independent contractors (Honoraria, payments to individuals for services, performers, etc):

A W-9 form is required before the check will be processed.

Payee ID Number : \_\_\_\_\_ **REQUIRED** for employee/student reimbursements

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Purpose: \_\_\_\_\_

**REQUIRED FOR EMPLOYEE/STUDENT REIMBURSEMENTS: CERTIFICATION OF PAYEE**

I hereby certify that all expenses on this reimbursement request were incurred for Lewis & Clark College business purposes and have not previously been submitted for reimbursement.  
 Expenditures were made in accordance with Lewis and Clark College policies .

\_\_\_\_\_  
 Payee Signature

AMOUNT: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_

**FOR EMPLOYEE/STUDENT REIMBURSEMENT REQUESTS:**  
 Must be signed by a person with budgetary authority who is in a supervisory capacity to the payee.

Please Print Name: \_\_\_\_\_

Account Number (11 Digits)                      Debit                      Credit

**Payment Method: (Select one)**

Reimbursements under \$50 will be issued in Cash at Student & Departmental Account Services unless "Mail to Above" or "E-Check" is checked below.

- |                 |       |  |
|-----------------|-------|--|
| Cash *          | _____ | For reimbursements less than or equal to \$50            |
| E-Check         | _____ | <b>REQUIRED:</b> bank information recorded in Webadvisor |
| Mail to Above   | _____ | Off-campus addresses only                                |
| Pick up Check * | _____ | Phone Number: _____                                      |

\* in Student & Departmental Account Services,                      Email: \_\_\_\_\_  
 lower level Templeton

**FOR BUSINESS OFFICE USE**

BY                      VOUCHER DATE                      VOUCHER NUMBER

CASH APPROVAL                      After obtaining approval for cash reimbursement, take this request to Student & Departmental Acct Svcs in the basement of Templeton.