CASH/CHECK/EMPLOYEE REIMBURSEMENT REQUEST

For:
- ☐ Accounts Payable/Business Services - Gorham
- ☐ Student Billing - Gorham (Petty Cash up to $20)
- ☐ Business Office - Portland (Petty Cash up to $20)

Date:

Pay To:

Department:

USM Contact:

Telephone:

Please provide home address. The Internal Revenue Service requires that we report Payments made to independent contractors.

Description of Expenditure/Services Rendered

Total $Amount*

Purchase Order No.
(if applicable)

If this reimbursement is for a university employee, the employee must sign below the statement that follows

I certify that the above expenses are appropriate business expenses incurred by me on behalf of the University. I further certify that I am entitled to reimbursement for these expenses and that they conform with all applicable University policies and procedures. No alcohol or tips in excess of 15 %, other than allowable rounding or restaurant-imposed amounts, are claimed for reimbursement. Original receipts must be attached.

Employees Signature: (signature)

EMPLID

DEPARTMENT APPROVAL: (signature)

Date:

DEPARTMENT APPROVAL: (Print Name)

Bus Unit	$Amount	Department	Fund	Account	Class	Program	Proj/Grant ID	Operating Unit
UMS06								
UMS06								
UMS06								

Total: **Total Amount agrees:*

COMPLETE FOR SERVICES RENDERED

Social Security/Federal ID:

- ☐ Company
- ☐ Individual
- ☐ Corporation

Office Use Only:
Non-Employee-07
Rents-01
Royalty Pmts-02
Prizes & Awards-03
Medical Pmts-06

RECEIPT FOR CASH

University Employees are paid in cash - $20 or Less.

I authorize _____ *to pick up cash for me* _____ (signature)

Amount Received:_____ Received By:_____ Date:_____

The University is Tax exempt by Sec. 1760,11 of the Maine Sales and Use Tax Law - Tax ID No. E10424