

## **Reimbursement and Payment Request Form**

University of Portland preferred method of payment is direct deposit. Faculty, staff and student payees who have already established direct deposit will receive payment via this method.

## **Please print**

Payee UP ID #			D	Date		
Payee name						
Address	FIRST	LAST				
	STREET AND NUMBER	CITY		STATE	ZIÞ	
Delivery instruc	ctions: (Available for fa	aculty and staff only).				
$\Box$ Hold for pickup:	Please Contact: 1	Name:	Ext:	Email:		
Pickup checks by Friday	y 3:00 p.m. or checks will be	mailed to payee's address.				
Fund	Orgn	Account	Activity	A	mount	
			Тс			
Business purpos	e of payment					
Approval	Authorized Budge	t Approver				
Sign Name			D	Date		
Print Name						
Controller's Office	e signature		Γ	Date		
Banner document	#					

1. Attach original receipt(s) and/or invoices(s) for all expenditures listed above.

2. Check request must be signed by an authorized signer for each budget account number listed above.

\*Note: All payments and reimbursements are subject to the University's accounting policies.