

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 # _____ Date _____

Payee name _____

FIRST

LAST

Address _____

STREET AND NUMBER

CITY

STATE

ZIP

Delivery instructions: (Available for faculty and staff only).

☐ Hold for pickup: Please Contact: Name: _____ Ext: _____ Email: _____

Pickup checks by Friday 3:00 p.m. or checks will be mailed to payee's address.

Fund	Orgn	Account	Activity	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total \$

Business purpose of payment

Approval	Authorized Budget Approver
Sign Name	Date
Print Name	
Controller's Office signature	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.