OFFICE OF THE CONTROLLER ACCOUNTS PAYABLE 5000 North Willamette Boulevard Portland, Oregon 97203-5798 (503) 943-7171 / Fax: (503) 943-7433 accounts_payable@up.edu



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 #			Dat	Date		
Payee name						
Address	FIRST	LAST				
	STREET AND NUMBER	CITY		STATE	ZIP	
——————————————————————————————————————	uctions: (Available for f	aculty and staff only).				
☐ Hold for picku	ıp: Please Contact:	Name:	Ext:	Email:		
Pickup checks by Fri	day 3:00 p.m. or checks will be	e mailed to payee's address.				
Fund	Orgn	Account	Activity	Amo	unt	
			 -			
				Total \$		
Business purp	ose of payment					
Approval						
Authorized budget approver			Dat	te		
Controller's Office signature			Dat	te		
Banner docume	ent#					

- 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.