# **English Department –OU**

Reimbursement /Payment Request Form

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Product/Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Invoice amount \_\_\_\_\_\_\_\_\_\_

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

Describe how this benefits the University:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has item been received? Yes or No

Please check: For Personal reimbursement\_\_\_\_ or Billed by Vendor\_\_\_

Please attach all receipts to a flat plain piece of standard size paper. No staples. All amounts **MUST** be converted to US Dollars **BEFORE** you hand them in. Please include all invoices and any other pertinent information. If you paid with a credit card, please include the CC statement with purchase and payment info.