



▪ This form is for reimbursement of \$75 or less.

Payee Name \_\_\_\_\_ ID # 

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Department \_\_\_\_\_ DEPT # 

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Amount \_\_\_\_\_ Date 

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Must be less than \$75

SmartKey 

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G/L Account 

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**Reason for Reimbursement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Payee Signature

\_\_\_\_\_  
Payee Telephone

AUTHORIZED SIGNER	
 _____ Signature	 _____ Print Name

CASHIER OFFICER'S APPROVAL
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**NOTE:**

Completed form must be accompanied by an original receipt.  
Submit form and receipts to the Cashier's Office (B Jones Center, lower level) for cash.  
Payee must present photo ID to cashier.