

**IDAHO STATE UNIVERSITY**  
**Request for Reimbursement**

Instructions: This form is to be used for all reimbursements except entertainment, food, meals, and/or meeting expenses. Submit original receipt and Direct Pay Form with completed form.

Please reimburse the following individual for expenses incurred for Idaho State University for the following activity:

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

Individual: \_\_\_\_\_

SS#: \_\_\_\_\_ Banner Id/Bengal #: \_\_\_\_\_

Amount of Reimbursement: \_\_\_\_\_

Business purpose and description of items:

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

All claims for reimbursement must be supported by original **itemized** receipts and submitted to the University Accounting Office at Stop 8219 for processing.

\_\_\_\_\_  
Signature of Claimant

\_\_\_\_\_  
Signature of Department Director