MICHIGAN STATE UNIVERSITY

REIMBURSEMENT VOUCHER

INSTRUCTIONS:

1. Prepare according to Manual of Business Procedure
2. Submit Original (with signatures) and one copy marked "copy" in the lower right corner.
3. Mail to Voucher Processing, Rm 360 Administration Bldg.

☐ Please Direct Deposit (MSU employees only)

PAYEE

Name _____
(Last) (First) MSU ZPID # or (MSUNet ID for Students)

Dept. _____

Room/Building _____

ACCOUNT TO BE CHARGED

Department _____

Account Name _____

Account Number	Object Class	Amount
Total		0.00

PURPOSE:

DATE	ITEM DESCRIPTION		TOTAL	SIGNATURE (Required when lacking receipt--items $25 or less)

☐ If reimbursement is for equipment or other personal property (e.g., computer, cell phone, tools, etc.), please check adjacent box indicating that items are the property of Michigan State University. Otherwise, items are not reimbursable.

I CERTIFY THE EXPENSES CLAIMED HEREIN WERE NECESSARY AND REASONABLE IN CARRYING OUT MY UNIVERSITY RESPONSIBILITIES AND ARE REIMBURSABLE UNDER UNIVERSITY POLICY

Signed _____ _____
Payee's Signature Date

Approved _____ _____
Administrative Senior Date

Email: Phone:

Contracts & Grants	Voucher Processing	Accounting

TOTAL CLAIM 0.00

CHECK NUMBER and DATE

Click here to Print Form

MSU is an affirmative-action, equal-opportunity employer.

0-19183