

# REQUEST FOR PAYMENT / REIMBURSEMENT OF BUSINESS EXPENSE

\_\_\_\_\_  
Payee/Vendor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Payee Mail Station/Vendor Address

\_\_\_\_\_  
Department Account Number

\_\_\_\_\_  
UTD-ID

\_\_\_\_\_  
Department Contact Ext. M/S

**\*All columns must be completed to ensure processing. Attach additional copies of form if necessary.**

**CERTIFICATION:**

*"I certify that the listed charges are true, correct, and unpaid."*

\_\_\_\_\_  
Signature of Individual Certifying and Requesting Payment Date

\_\_\_\_\_  
Approved: Department Head or next higher authority Date AP Review

Explanation of Charges

(All original receipts and back-up documentation must be attached. If reimbursement is for alcoholic beverages served on UTD campus, a copy of the signed "Request for Permission to Serve Alcoholic Beverages" must be attached.)

Date	Type & Location of Event	Event Participants & Business Relationship or Titles	Business Purpose of Expenditure	Sub-Code	Amt.
<b>TOTAL</b>					