Voucher Number: _____
For A/P Use

University of Wisconsin - Eau Claire
Accounts Payable

Reimbursement Claim

Date: _____
10 Digit Account to be Charged (000-0-000000): _____
Claimant Name: _____
Employee Payroll or Student ID Number if Applicable: _____
Address - Please Use Campus Address when Possible: _____
City/State/Zip: _____

Itemize purchases and include a brief explanation of use or purpose.
ORIGINAL receipts are required.

Description of Purchase	Amount
Total	**$0.00**

Signature of Claimant: _____

Signature of Account Responsible Person: _____
Note: If Claimant is the same as Account Responsible Person, you must obtain Supervisor's Approval.

Return to Accounts Payable with Original Receipts Attached