University of Wisconsin - Eau Claire
Business Services/Accounts Payable

Reimbursement Claim

Date _____

Acct to be Charged _____

Social Security Number _____

Claimant _____
Street Address _____
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 Acct Responsible Person: _____

Return to Accounts Payable - Original & One Copy
Attach Original Receipts