

## **Employee Reimbursement Request**

Please do not use this form for travel reimbursements.

A Note to the Employee: Please complete this form, sign, have your supervisor sign and include your original receipts prior to submitting to Procurement Services. (Each receipt should also be signed. Please affix POS receipts to a sheet of paper without covering over any information.) All reimbursement requests that include commodity items, will require a Receiving Report to be completed and signed by someone other than the individual being reimbursed, confirming receipt of goods. To determine how your name is listed in the State's system follow the instructions found on the Procurement Services website: Procurement Services/ Procurement:Purchasing/Purchasing Forms: Instructions: How to Search to Determine Vendor Name in State's Vendor System.

State Org Name:  State Org. Number:  wvOASIS GAX ID (to be completed by Procurement Services):		Employee Name (must be an exact match to State's system):  Vendor Address:  wvOASIS vendor ID (to be completed by Procurement Services):							
					Quantity	Description of Iten	ns	Unit Price	Total
	Tot	al Reimbursement:							
Purpose of expenditure	<b>:</b>								
pess s. experiental									
			items listed heron	have been received and are					
		approved for payment.							
Employee Signature/Date		Supervisor Signature/Date							
Banner Fund:	Banner Org: Ba	anner Account:	Amount:						

Banner Account:

Amount:

Banner Fund: Banner Fund:

Banner Org: