# Reimbursement/Payment Request

**REGIONAL EXPENSE**

**Check One:**
- ☐ **Advance Request**
- ☑ **Reimbursement Request**
- ☐ **Payment to Third Party** ***(Attach vendor invoice when available)***

**Requestor Name:** _____

**Check Payable to:** _____

**Address:** _____

_____

_____

**E-Mail Address:** _____

## Itemized Description of Expenditure

Note: Attach original receipts or vendor invoice for all expenses

| Description/Purpose of Expenditure | Date Incurred | Account Code | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| **Total Costs $** | | | $ 0.00 |
| **Reimbursement/Payment Requested $** | | | |
| **Donation in Lieu of Reimbursement $** | | | $ 0.00 |

**CERTIFICATION: I hereby certify that the information on this payment request voucher is accurate to the best of my knowledge; that expenses incurred during travel complies with the ASPIRE Travel Policy; and finally, that these expenses have been submitted only to ASPIRE for reimbursement or payment consideration.**

**Signature:** _____ **Date:** _____

**APPROVED BY**

ASPIRE President: _____ Date: _____

ASPIRE Treasurer: _____ Date: _____

**Mail To:**
John Shafer
Student Support Services
Southern Utah University
351 W. University Blvd.
Cedar City, UT 84720
shafer@suu.edu

***Please Note:*** *For auditing purposes, all state reimbursement requests must be signed by the appropriate state officers and a copy must be sent to Kathryn Hamilton.*

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