



# CONTROLLER'S OFFICE REQUEST FOR REIMBURSEMENT FORM

CHOOSE ONE: TRAVEL \_\_\_\_\_ NON-TRAVEL \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PURPOSE OF EXPENSE: \_\_\_\_\_

PURCHASE ORDER #: \_\_\_\_\_ CONTACT PHONE # \_\_\_\_\_

Expense Type:	
Cash/Credit <input type="checkbox"/>	Please include all original receipts with request.
Check <input type="checkbox"/>	Include all original receipts and copy of canceled check (electronic copy is sufficient)
Other <input type="checkbox"/>	Please describe:
*Note: Sales tax cannot be reimbursed due to the tax exempt status of Central State University Prior to your purchase contact the Controller if you need a copy of the Tax Exempt Form.	

Expense Description	TOTALS
	\$
	\$

**TOTAL REIMBURSEMENT REQUESTED:** \_\_\_\_\_

Submitter  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Authorized  
Department Director: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Requests to:**  
University Controller  
1400 Brush Row Road  
P.O. Box 1004  
Wilberforce, OH 45432  
937-376-6686