



Employee Payment Request Form

(Form may only be used for reimbursement types listed.)

Campus Reference # _____

10 Digits alpha/numeric or Requisition # _____

| | | | |
|---------------------------|--|---------------------------------------|--|
| | BUSINESS / DESCRIPTION OF PURPOSE (REQUIRED FOR ALL PAYMENTS): _____ _____ | | |
| REIMBURSEMENT TYPE | REFUND OF FUNDS PAID TO GEORGIA TECH (Key deposit, BUZZ Card, Parking, Payroll, Bursar Initiated Refunds, STRAP, etc.) | | (FOR AP USE ONLY) VOUCHER #: _____ ENTERED BY: _____ DATE: _____ |
| | REIMBURSEMENT FOR GROUP MEAL EXPENSE (Include Food/Group Meal Summary Documentation Form and original invoice/receipt.) | | |
| | PROGRAM ADVANCE/ REIMBURSEMENT - FOR PARTICIPANT RESEARCH (Provide PI name, budget estimate and research dates and appropriate supporting documentation.) | | |
| | PROGRAM ADVANCE (For study abroad participants. Provide project scope, budget estimate, program dates.) | | |
| | STUDENT GROUP/GT SPORTS CLUB TRAVEL & REIMBURSABLE EXPENSES (Provide list of attendees and original invoices/receipts.) | | |
| | HOTEL DEPOSIT REIMBURSEMENT (Paid original receipt and a copy of TA required) | | |
| PAYEE INFO | EMPLOYEE NAME: _____ Last name, First name | | EMPLOYEE ID: _____ EMP ID Look-Up |
| | ADDRESS REQUIRED ONLY FOR NON-EFT PAYMENTS | | |
| | ADDRESS: _____ | | Mail Check |
| | CITY, STATE, ZIP: _____ | | Call For rick/Up |
| | NOTE: ALL ELIGIBLE PAYMENTS WILL BE SENT VIA THE EFT DIRECT DEPOSIT ACCOUNT ESTABLISHED FOR PAYROLL | | |
| ACCT INFO | Link to Chart of Accounts | | |
| | Project # _____ | Account Code: _____ | Amount \$ _____ |
| | Project # _____ | Account Code: _____ | Amount \$ _____ |
| | GT FDN / GTRC Fund _____ | Agency or Student Activity Fund _____ | TOTAL _____ |
| EMPLOYEE | For employee reimbursements, employee must sign below. "I certify that purchase was made using personal funds and supports Institute business. I have not received nor will seek reimbursement from any other source for any portion of the expense claimed." | | |
| | Employee Signature _____ | | Date _____ |
| DEPT APPROVAL | "I certify that I have reviewed this payment and find it compliant with Georgia Tech procurement policies & procedures. The payment is an appropriate expense to the fund source(s) identified and I hereby authorize payment." | | |
| | Authorized Approval Signature _____ | | Date _____ |
| | Printed Name of Approver _____ | | Title _____ |
| | Supplemental Approval Signature _____ (Required for all payments over \$500) | | Title _____ |
| | Printed Name of Dept Contact _____ | | Phone # _____ |

Route form to Accounts Payable, Mail Code 0253