



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): <hr/> <hr/>		
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 #: _____	
	REIMBURSEMENT FOR GROUP MEAL EXPENSE (Include Food/Group Meal Summary Documentation Form and original invoice/receipt.)	ENTERED BY: _____ DATE: _____	
	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 <i>NOTE: ALL ELIGIBLE PAYMENTS WILL BE SENT VIA THE EFT DIRECT DEPOSIT ACCOUNT ESTABLISHED FOR PAYROLL</i>		
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