

Keene State College

REIMBURSEMENT REQUEST VOUCHER

USNH ID Number:	DATE:
PAID TO:	ADDRESS:

Description, Date, and Purpose of Expenditure	Account Number					Original Amount	Revised Amount	Initials
	Fund	Org	Account	Prog	Activity Optional			

Total Expense (These cells contain formulas)	\$0.00	\$0.00
--	--------	--------

Reimbursement Options	ACH Deposit (if activated)	A/P check run	Special Request (explain briefly)
Select	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Request Explanation:			

I certify that the above expenses were incurred by me in fulfillment of my duties to the University System of New Hampshire; and that all expenses included conform to USNH Financial Services Policies and Procedures related to business travel and business expenditures. In addition,

1. where applicable, no expenses above were included in the registration fees of the conference attended;
2. no expenses above were paid by any other entity; and
3. no expenses above have been submitted for reimbursement elsewhere, nor will they be in the future.

Payee : _____
Signature

Voucher Prepared By : _____
Signature

Approved : _____
Department Head (Authorized Account Signature)

(if applicable) Cash Received By (signature):	Print name:
---	--------------------