

Invoice/Reimbursement Cover Form

COE CIS FTC

Attach to: Invoices, receipts, forms

Please Check the box below that is appropriate for the action you are requesting and include all necessary forms

- | | | |
|--|---|---|
| <input type="checkbox"/> Reimbursement (Non-travel) | <input type="checkbox"/> Invoice | <input type="checkbox"/> Petty Cash Replenishment |
| <input type="checkbox"/> Speaker fees (to include Honorariums) | <input type="checkbox"/> Wire Transfer (attach invoice) | <input type="checkbox"/> Awards/Prizes |

Payee: _____ Faculty Student Staff Other NetID: _____

If visiting speaker, lecturer, etc., obtain W9 (US vendors)/W8Ben (International); fax to 5-9786 or deliver in sealed envelope.

Address: _____

Account #: _____ Amount: _____

Account #: _____ Amount: _____

Alcohol? If Yes, provide unrestricted account:

Account #: _____ Amount: _____

Business/Research
Purpose:
Be specific.

Who, What, When, Where, Why:

i.e.: materials for ONR project. Do not write "lab supplies" or "for research"

If **meal** - list individual attendees or group name: staple attendance sheet for group meetings (if available) Please provide **attendees** full name and affiliation

NOTE: please provide itemized meal receipts

Department/Unit: _____

Preparer: _____ NetID: _____ Date: _____

(Individual Submitting form)

Department/Unit use only

Account Authorization: _____ NetID: _____ Date: _____

(Person authorized to sign above)

Print this form and attach to credit card receipt/invoice/forms and forward to your Department/Unit. Department/Unit will forward to FTC Representative, 484 Rhodes Hall.