

FSC Non Travel Reimbursement Request Form

Please attach all itemized receipt(s) and proof of purchase for all reimbursement requests
Or check here if receipt(s) has been uploaded to Concur

Date to FSC: _____ Requestor Name: _____

Speedtype: _____ Total Amount: _____

Payee Name: _____ CU Employee? **Yes** **No**

If **NO**, please provide email and mailing address for non-employee: _____

If **NO**, is Payee a US citizen? **Yes** **No** _____

Email: _____

Description of Item(s) – please list all items for reimbursement - *if reimbursement is for food/beverage* “Official Function” documentation required

Business Purpose - please explain how this expense relates to official University business?