



Finance Office

Request for Check or Cash Reimbursement

Payment Terms 30 Days (Unless Due Date Provided)

Date Payment Due Date

Make Payable To

BU ID / SSN / ITIN
(if payable to an individual)

Citizenship of Payee US Citizen Non-US Citizen*
US Entity Non-US Entity*
**see policy for additional required forms*

Payment for Services Performed Within the United States
Outside the United States

Address
(check request will NOT be processed without vendor address)
Address Line 1
Address Line 2
Address Line 3
City, State, Zip

Explanation of Expenditure
(Required. Only the first 50 characters will appear as the description)

Amount of Check

FOAPAL to Charge

Fund/Orgn Number	Fund/Orgn Name	Acct	Activity (Optional)	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signed Approval

ON CAMPUS cash reimbursements of \$25.00 or less should be picked up from the Cashier