



TO BE COMPLETED BY CUSTOMER:

Customer Name: _____

Title: _____

UID: _____

Amount of Request: \$ _____

Date: _____

QTY.	DESCRIPTION	UNIVERSITY PURPOSE	VENDOR	AMOUNT

Department Name: _____

INDEX FUND ORGN ACCT PROG ACTV LOCN

I hereby certify that this claim is true and correct and that the expenses claimed were for approved University business.

Signature of Claimant Date Prepared by (Please Print)

I hereby approve this claim and certify its appropriateness.

Name of Approver (please print) Date Email/Ext

Signature of Approver Date

Cash Received By Date