



OFFICE OF FINANCIAL SERVICES

# Reimbursement Voucher

O.F.S USE ONLY	
AP TYPE	<u>PC01</u>
VOUCHER NO.	_____
VOUCHER DATE:	_____

<p>PURCHASE BY _____ (PLEASE PRINT)</p> <p>ADDRESS _____</p> <p>KEAN ID# _____</p>	<p>PLEASE PRESENT COMPLETED VOUCHER TO FINANCIAL SERVICES, ADM. BLDG 2ND. FL WITH ALL <u>RECEIPTS</u></p>
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DATE: \_\_\_\_\_ AMOUNT : \_\_\_\_\_  
(DO NOT INCLUDE SALES TAX)

PURCHASE FROM \_\_\_\_\_

ITEMS PURCHASED \_\_\_\_\_

I HEREBY CERTIFY THIS IS A CURRENT EXPENSE REQUIRING A PROMPT OUTLAY OF CASH FOR THE FOLLOWING REASONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PAYEE'S SIGNATURE \_\_\_\_\_

DEPARTMENT CHAIRPERSON APPROVAL \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

GL ACCOUNT # \_\_\_\_\_

FUND \_\_\_\_\_ COST CENTER \_\_\_\_\_ OBJECT CODE \_\_\_\_\_

FINANCIAL SERVICES APPROVAL \_\_\_\_\_