



SMALL DOLLAR REIMBURSEMENT VOUCHER FORM

Small dollar reimbursements are considered expenses of **\$250.00 or less**.

Approved Date to be filled in by the Authorized Signer
(Form Expires 10 business days from this date)

Approved Date

Instructions: Please enter information below for the individual being reimbursed. This form must contain signatures of both the requester (individual being reimbursed) and the authorized signer within your designated unit before a reimbursement is issued by the Cashier's Office (101 Boisfeuillet Jones Center, Atlanta, Georgia 30322).

The authorized signer is responsible to assure **no expenditures for the following are reimbursed via this form: personal expenses, memberships, subscriptions, dues, and wages.** Upon receipt of the authorized signature, the individual being reimbursed should present a completed Small Dollar Reimbursement Voucher Form with all required signatures and original receipts to the Cashier's Office.

Note: This form must be submitted to the Cashier's Office within **10 business days** from the date of the approved form. The individual being reimbursed is required to present a **valid EmoryCard ID** (Emory's official identification card) to the cashier and can only submit **1 Small Dollar Reimbursement Voucher Form to the Cashier's Office per day.**

REQUESTER NAME: _____ ID # _____
(First and Last Name of the Individual being reimbursed)

DEPT NAME: _____

DEPT #: _____ ACCOUNT CODE: _____

SPEEDTYPE: _____ AMOUNT: _____

Business Purpose for Reimbursement (Required): **DATE OF RECEIPTS:**

I, as the individual being reimbursed, certify that all expenses incurred and reported to accomplish official business with Emory University are accurate and valid. I also assure there are no expenses claimed as reimbursable which relate to personal or impermissible expenses.

Signature of Requester

Requester's Telephone Number

Print Name of Authorized Signer

Signature of Authorized Signer