SINTE DATE

Controller's Office

Florida State University

Payroll Reimbursement Form

Student Business Services 1500A University Center Tallahassee, FL 32306-2394 Ph:(850)644-9452 F:(850)644-5142 <u>StudentBusiness@fsu.edu</u>

Use this form to record payments for employee payroll reimbursements. When complete, use the Print Form button below and deliver the form with payment to the secure Drop Box located outside the Student Business Services office at A1500 University Center.

Date Prepared	Employee Name		
Employee ID	Employee Departme	ent	
Dept ID Fund	Account	CF1 CF2	CF3
Project ID (Project	ct required for funds 520	-599 & 800-899)	
Voucher ID	Voucher Date	Voucher Amount	
Cash			
Check			
Money Order			
Cashier's Check			
Traveler's Check			
Total \$			
Print/Type Person Responsible for Refund Phone Number			
☐ If Fund Code is 520-599 or 800-899, Pr	oject ID is listed above.		
\Box Account number listed is not a budgetar			
Signature:	Date:		
For Student Business Services Only:			
Cashier	Date:		
If Fund Code is 520-599 or 800-899, Project ID is listed above.			Payroll Reimbursement Form
\square Account number listed is not a budgetary account.			January 2019