

Division of Performing Arts Request for Reimbursement

Full Name: _____ Date: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Social Security No: _____

Account To Charge: _____

Amount to be Reimbursed: _____ No. of Receipts: _____

Authorization (if applicable): _____

- * Please note that reimbursements are issued by the University of Iowa Accounts Payable Department and can take two to three weeks to process. A check will be issued directly to your home address via the U.S. Mail.
- ** Failure to submit receipts which comply with the rules and regulations of A/P will delay processing of your reimbursement. All receipts must include the following: **Vendor Name and Location, Date of Purchase, Detail of Purchase, How Paid.**
- *** **Should your receipt(s) indicate payment by "VISA",** A/P will require a copy of your VISA or bank statement page showing the charge, account number, and your name (the rest may be blacked out).
- **** **If the purchase included food,** you should either note that it was for 20+ people -or- if for less than 20, UI Accounts Payable requires a list of attendees and their social security numbers.

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