

STATE OF CONNECTICUT BOARD OF GOVERNORS OF HIGHER EDUCATION MISCELLANEOUS PAYMENT REIMBURSEMENT FORM

ENCLOSURE
CODE

DOCUMENT DATE:	RECEIPT DATE:	EMPLOYEE STATE ID# OR NON-EMPLOYEE SSN#	BANNER ID#	DOCUMENT AMOUNT
PAYEE NAME:				
ADDRESS:				
CITY:	US STATE OR FOREIGN COUNTRY (TYPE IN BOX):		<input type="checkbox"/> US ZIP <input type="checkbox"/> FOREIGN POSTAL CODE	
FULL DESCRIPTION OF GOODS & SERVICES COMPLETED:				
FULL DESCRIPTION OF GOODS & SERVICES COMPLETED:				
FUND	ORG	PGM	ACCT	AMOUNT
SPECIAL PAYMENT / CHECK HANDLING INSTRUCTIONS				
ENCLOSURE CODE:		CHECK DUE DATE: _____		
<input type="checkbox"/> (D) ENCLOSED ATTACHED DOCUMENT WITH CHECK:		<input type="checkbox"/> YES <input type="checkbox"/> NO CONTACT PERSON: _____		
<input type="checkbox"/> (G) CHECK TO BE PICKED UP AT BURSAR'S OFFICE:		<input type="checkbox"/> YES <input type="checkbox"/> NO CONTACT PHONE: _____		
JUSTIFICATION FOR PICKUP:				
RESEARCH FINANCE SIGNOFF				
DEPARTMENT:		MAIL CODE:		
PREPARED BY:		PHONE:		
FINANCE SIGNOFF				
AUTHORIZED SIGNATURE / APPROVAL				