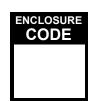


RFV 07/2022

STATE OF CONNECTICUT BOARD OF GOVERNORS OF HIGHER EDUCATION

MISCELLANEOUS PAYMENT REIMBURSEMENT FORM



RECEIPT DATE: DOCUMENT DATE: EMPLOYEE STATE ID# OR NON-EMPLOYEE SSN# BANNER ID# DOCUMENT AMOUNT PAYEE NAME: ADDRESS: CITY: US STATE OR FOREIGN COUNTRY (TYPE IN BOX): US ZIP 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: ___ ☐ (D) ENCLOSED ATTACHED DOCUMENT WITH CHECK: ☐ YES CONTACT PERSON: CONTACT PHONE: ____ ☐ (G) CHECK TO BE PICKED UP AT BURSAR'S OFFICE: ☐ YES JUSTIFICATION FOR PICKUP: RESEARCH FINANCE SIGNOFF MAIL CODE: DEPARTMENT: PREPARED BY: PHONE: **FINANCE SIGNOFF AUTHORIZED SIGNATURE / APPROVAL**