

**Purchase Card (P-Card) Expense Reimbursement**

Date of deposit: \_\_\_\_\_

Extension: \_\_\_\_\_

Deposit prepared by: \_\_\_\_\_

Box Number/Address \_\_\_\_\_

**Personal Expense Reimbursement**

Name of employee returning funds: \_\_\_\_\_

Banner ID of employee returning funds: 000 \_\_\_\_\_

Vendor(s) Paid on Card: \_\_\_\_\_

FUND	ORG	ACCT	PROG	ACTV	Amount
		1357			\$

Cash Total	\$
Check Total	\$
Credit Card	\$

*Please allocate as Personal/Non-Reimbursable & attach the cashier's receipt to your expense report. Thank you!*

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