To ensure timely payment, please fill out all of the following for Business Expense Reimbursement Forms (BERFs):

- o NAME: Name that will appear on check (PAYEE)
- o **UM ID#:** C# of above person
- o **DEPARTMENT NAME:** Name of student organization (if applicable)
- o **DISPOSITION US MAIL:** Address check will be mailed to
- o **DATE:** Date of expense
- TRIP ITINERARY EXPENSE EXPLANATION: Explain expense (e.g. mileage, airfare, taxi, parking, hotel stay, meals, registration, dues, etc.)
- o Allowance, Airline, Ground Transp, Lodging, Per Diem/Meals, Other: Write in dollar amount in correct column for corresponding line item
- o **TOTAL DOLLARS:** Total amount for row
- UNIVERSITY EXPENSE TOTALS: Totals for columns
- Use This Area to Explain Purpose of Trip(s)/Expense(s): Explain purpose of reimbursement request (e.g. "Expenses occurred while attending \_\_\_\_\_\_
  Conference in New York from 11/3-7/10;" "Supplies for office use;" Supplies for event on 12/2/10"
- o **Print name of Preparer and Phone:** Name and number of preparer in case of questions from Budget and/or Disbursements Office
- PAYEE'S SIGNATURE and DATE: Signature of PAYEE. Include date of signature
- SUPERVISOR'S SIGNATURE and DATE: Signature of officer \*Must be different from PAYEE. Include date of signature
- o **ACCOUNT NUMBER:** Account number of organization
- o **AMOUNT:** Total amount of expenses
- BALANCE DUE EMPLOYEE: Amount due to PAYEE

**REQUIRED DOCUMENTS**: \*BERF request will be returned if documents are not attached to request

- Original receipts
- Event info/flyer (e.g. Conference info from websites with corresponding dates, flyers/emails about event sent out to students with corresponding dates)