

# Bucknell

## Finance Office

### Request for Check or Cash Reimbursement

Payment Terms 30 Days (Unless Due Date Provided)

**Date**  **Payment Due Date**

**Make Payable To**

**BU ID / SSN / ITIN**

(if payable to an individual)

**Citizenship of Payee**

	US Citizen	Non-US Citizen*
	US Entity	Non-US Entity*

\*see policy for additional required forms

**Payment for Services Performed**

	Within the United States	
	Outside the United States	

**Address**  
(check request will NOT be processed without vendor address)

Address Line 1

Address Line 2

Address Line 3

City, State, Zip

**Explanation of Expenditure**  
(Required. Only the first 50 characters will appear as the description)

**Amount of Check**

#### FOAPAL to Charge

Fund/Orgn Number	Fund/Orgn Name	Acct	Activity (Optional)	Amount
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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**Signed**  **Approval**

ON CAMPUS cash reimbursements of \$25.00 or less should be picked up from the Cashier