



Reimbursement Justification Form
(After the Fact Purchase Justification)

This form must be faxed into RightFax at (850) 645-9501 with the supporting documents for the reimbursement request.

Purchaser's Information

Name _____ Department _____ Phone # _____
Email address _____

Purchase Information

Purchase Date _____ OMNI ER # _____ Amount \$ _____
Vendor Name _____ Vendor Address _____
(Supplier that provided goods/services)

Description of the supplies or services purchased:

Explain why this was purchased by the employee without obtaining a purchase order first or using a University Purchasing Card:

Purpose for which the supplies or services were purchased:

What steps has the department taken to prevent reimbursement justifications in the future?

Budget Information

Dept ID _____ Fund _____ Project _____

Based on the forgoing declaration, I hereby request that The Trustees of Florida State University reimburse the employee for expenses incurred.

Note: Disbursement Services will review all reimbursement justifications on a case by case basis, and will have the option to disapprove any request that was not determined to be an emergency, did not occur while in travel status or when other means of acquisition could have been obtained. Disapproval will result in the cost of the purchase being borne by the individual who contracted with the vendor without prior approval. Neither Payables & Disbursements nor UBAs will process direct pay requests for purchases that could have and should have had purchase orders or p-card could have been used in advance. If you have questions about additional procurement options, please contact Purchasing Services at (850) 644-6850.

	Print Name	Signature	Date
Individual who authorized/ ordered goods/ services	_____	_____	_____
Department Head	_____	_____	_____
Payables Associate Controller	_____	_____	_____

For more information, see OP-D-2-C8 Non Travel Reimbursements Policy located at: <http://policies.vpfa.fsu.edu/controller/2d-1.html>