

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

- **NAME:** Name that will appear on check (PAYEE)
- **UM ID#:** C# of above person
- **DEPARTMENT NAME:** Name of student organization (if applicable)
- **DISPOSITION – US MAIL:** Address check will be mailed to
- **DATE:** Date of expense
- **TRIP ITINERARY EXPENSE EXPLANATION:** Explain expense (e.g. mileage, airfare, taxi, parking, hotel stay, meals, registration, dues, etc.)
- **Allowance, Airline, Ground Transp, Lodging, Per Diem/Meals, Other:** Write in dollar amount in correct column for corresponding line item
- **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”
- **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
- **ACCOUNT NUMBER:** Account number of organization
- **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)