**Employee Reimbursement Request** This form is NOT to be used for travel reimbursements. Name, and address of State Org. Name: Fairmont State **Employee Name:** individual **University or PC&TC** requesting reimbursement State Org. Number: Leave Blank, to **WVFIMS Document ID: WVFIMS Vendor ID:** be completed by **Social Security Number** Procurement Office (to be whited out FIMS ID number inserted) **Description of Items Purchased** Qty Unit Total Brief description of each **Q**ty item purchased Quantity of each item multiplied purchased by unit for total Price of each of each item item purchased purchased Justify why a department VISA was not utilized for this purchase, i.e., not available, vendor does not accept VISA, etc. Total reimbursement requested **Purpose of Exper** Purpose for items being purchased Supervisor Signature: **Employee Signature:** Employee MUST sign in Department Head MUST blue ink and date. sign in blue ink and date. Date: Date: WVSAO ER1

http://www.wvsao.gov/Auditing/files/ER1.pdf

Anywhere on document, include the fund, organization and account to be charged.