

DEPARTMENT

DO NOT MAIL:

## REQUEST FOR PAMENT/REFUND/REIMBURSEMENT

PAY TO: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT: \_\_\_\_\_

DESCRIPTION and/or SPECIAL INSTRUCTIONS:  
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BUDGET ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

BUDGET ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED BY (Signature)

\_\_\_\_\_  
PRINTED NAME and TITLE

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DESCRIPTION and/or SPECIAL INSTRUCTIONS:  
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\_\_\_\_\_  
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PRINTED NAME and TITLE