

STATE OF CONNECTICUT
BOARD OF GOVERNORS OF HIGHER EDUCATION
MISCELLANEOUS PAYMENT REIMBURSEMENT FORM

**ENCLOSURE
CODE**

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DOCUMENT DATE:	RECEIPT DATE:	EMPLOYEE STATE ID# OR NON-EMPLOYEE SSN#	BANNER ID#	DOCUMENT AMOUNT
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PAYEE NAME:

ADDRESS:

CITY:	US STATE OR FOREIGN COUNTRY (TYPE IN BOX):	<input type="checkbox"/> US ZIP	<input type="checkbox"/> FOREIGN POSTAL CODE
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FULL DESCRIPTION OF GOODS & SERVICES COMPLETED:

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FUND	ORG	PGM	ACCT	AMOUNT

SPECIAL PAYMENT / CHECK HANDLING INSTRUCTIONS

ENCLOSURE CODE: _____ CHECK DUE DATE: _____

(D) ENCLOSED ATTACHED DOCUMENT WITH CHECK: YES NO CONTACT PERSON: _____

(G) CHECK TO BE PICKED UP AT BURSAR'S OFFICE: YES NO CONTACT PHONE: _____

JUSTIFICATION FOR PICKUP:

DEPARTMENT:	MAIL CODE:	RESEARCH FINANCE SIGNOFF
PREPARED BY:	PHONE:	FINANCE SIGNOFF
AUTHORIZED SIGNATURE / APPROVAL		