PAYMENT REQUEST

Payment Request # _____

<To be filled in by the department>

The **Payee Signature** is required for all employee/student reimbursements, and must include a readable print of their name, uNID/EmplID, and email address. Ask the payee to prepare, sign, and submit the following statement with their expense report and receipts if they are or will not be available to sign the completed Payment Request:

_____

<Date (MM/DD/YYYY)>

I _____ , _____ ,

<Please print Employee/Student's Name>   **<EmplID or uNID>**

_____

<Employee/Student's email address>

certify that these expenses were actual, necessary, reasonable and incurred for official business of the University of Utah and that no portion of this claim was provided free of charge, previously reimbursed from any other source, or will be paid from any other sources in the future.

_____

<Original Signature>

This certification must accompany the Payment Request for reimbursement.