LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Accounts Payable & Travel
217 Thomas Boyd Hall

REQUEST FOR DIRECT DEPOSIT OF EMPLOYEE REIMBURSEMENT AS541

Request Date _____

Department		
Contact		
Phone	Fax	E-mail

Payee		☐ Employee or ☐ Student *If student, please check below:
LSU ID		☐ Undergraduate
Document #		☐ Graduate
		☐ Ph.D.

Description	Quantity	Unit	Unit Price	Total Price
			Total Due to Employee	

Account #		
Transaction Type		
Object Code		
Sub Object Code		
Project #		
Amount		

I do ☐ I do not ☐ have a University procurement card.
Purpose of Purchase:

APPROVALS	Signature	Printed Name	Date
I certify that the above goods have been received and that this bill is properly reimbursable. **I understand that itemized receipts must be provided in order to be reimbursed for the purchase(s). I also understand that since I paid with personal funds, I will NOT be reimbursed sales tax by the University**.			
Employee's Signature			
Supervisor Approval*			
Authorizing Signature			

*Supervisor Approval or departmental person with first-hand knowledge must approve to substantiate the validity of the purchase

Rev 4/15