



Delayed Reimbursement Request

Invoices or Check Requests that include receipts over 60 days old must be accompanied by this form. Complete the information below and have it signed by a staff person who is authorized on the account being charged.

Payee: _____

Invoice or Receipt Date: _____

Dollar Amount: _____

Reason for delay: _____

Signature of Person submitting reimbursement

Date

Printed Name of Person submitting reimbursement

Authorized Signature

Date

Printed Name of Authorized Signer

Title of Authorized Signer

Phone