

# Voucher Reimbursement Request

**Payee Information**

Name: (Last, First)

CWID (If unknown please notate)

**\*Remit Address**

Street Address

City, State & Zipcode

**Payment Method:**

USPS Mail  
Direct Deposit (if set up)  
Hold for Pick Up  
Name

Contact Information

Preparer Information & Contact if not Payee

**AP Use Only**

Banner Doc #:

Processed By:

Date:

AP Approval:

Document #: VR

**Total Payment Amount**

Date:

Expense Account Code	Index	Amount	Description/Notes	Financial Manager Approval (Please digitally sign once for each on your indices)	Notes & ORA Approval (if required)

*\*(For Non Mines Affiliated Individuals there must be a W9 (or equivalent) on file. For students this address must match their Payroll/TX address in Trailhead.*