



MUST choose method of payment:

- Check (mailed)
- ClinCard

SMALL DOLLAR REIMBURSEMENT VOUCHER FORM

Small dollar reimbursements are considered expenses of \$250.00 or less.

PLEASE READ INSTRUCTIONS & COMPLETE FORM IN ITS ENTIRETY.

ClinCard (Last 4)

if requester previously received from SGS

Instructions: Please enter information below for the individual being reimbursed. This form must contain signatures of both the re-quester (individual being reimbursed) and the authorized signer within your designated unit before a reimbursement is issued by the SGS Office.

The department/organizational signer is responsible for ensuring that expenditures have not been reimbursed prior. The authorized signer is responsible to assure no expenditures for the following are reimbursed via this form: personal expenses, memberships, services, subscriptions, dues, and wages. Upon receipt of the authorized signature, the individual being reimbursed should email the completed Small Dollar Reimbursement Voucher Form with all required signatures and original receipts to sgs@emory.edu.

IMPORTANT: Please choose your method of payment in the upper right corner. Check payments: Ensure correct mailing address is listed in Opus. **New ClinCards:** Once you receive email/text that funds have been added to card, pick up card from SGS, located in the ESC Suite N219. **Existing ClinCards:** Funds will be available once you receive email/text that funds have been added to card.

REQUESTER NAME: _____ STUDENT ID# _____

REQUESTER EMAIL: _____ REQUESTER CELL # _____

DEPT/ORGANIZATION NAME: _____

SPEEDTYPE: _____ ACCOUNT CODE: _____ AMOUNT: _____

Business Purpose for Reimbursement (Required):

Name & Date of Event (as posted on The Hub):

I, as the individual being reimbursed, certify that all expenses incurred and reported to accomplish official business with Emory University are accurate and valid. I also assure there are no expenses claimed as reimbursable which relate to personal or impermissible expenses.

Signature of Requester

Printed Name & Date

Department Approver Signature (Organization Treasurer)

Department Approver Printed Name & Date