

AME Reimbursement Request Form

This section applies to employees and students

Circle:

Is the payee a UA student? Yes No

Is the payee a UA employee? Yes No

Is the payee a US citizen? Yes No

This section applies to employees and students:

If the payee is not a US citizen, complete the following:

Visa Type: _____

Country: _____

Payee email: _____

Use this section if you are a UA employee :

Payee Name: _____

Payee EID: _____

Today's date: _____

Use this section if you are a non-employee UA student:

Payee Name: _____

Student/Payee ID: _____

Home Address: _____

City, State & Zip: _____

Vendor:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

Receipt Total:

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Provide a detailed reason this purchase benefits the UA:

Total:

Account number: _____

Acct. authorization signature: _____