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, compete the following:

Visa Type: _____   Country: _____

Payee email: _____

Use this section if you are a UA employee :

Payee Name: _____

Payee EID: _____

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

Payee Name: _____

Student/Payee ID: _____

Home Address: _____

City, State & Zip: _____

Vendor: **Receipt Total:**

1) _____   _____

2) _____   _____

3) _____   _____

4) _____   _____

5) _____   _____

6) _____   _____

7) _____   _____

Total: _____

Project name and Business Purpose: _____

Account number: _____

Advisor/Acct. authorization signature: _____