

Southern Illinois University Foundation

Colyer Hall – Mail Code 6805
Carbondale, IL 62901

School of Medicine – Mail Code 9666
Springfield, IL 62794

Expense Certification Form

Purpose

This supplemental form is to be used when reimbursement is requested for an item (\$10.00 or more) where a sales receipt was not received or lost.

Individual Requesting Reimbursement	
Date of Travel/Event	Destination
Purpose of Travel/Event	

1	Date	
	Description	
	Amount Paid	
	Reason	
2	Date	
	Description	
	Amount Paid	
	Reason	
3	Date	
	Description	
	Amount Paid	
	Reason	

Certification

I certify that the above reimbursement request amount is related exclusively to official University business.

Individual Requesting Payment

Date

This form must accompany all invoice vouchers where original receipts are unavailable.