

SAFS e-REIMBURSEMENT FORM**XR#:**Date: I would like my money direct deposited (preferred method). I would like a check mailed to UW BOX # (no home addresses, please).Payee's Name: Email Address: Phone # Budget # _____
Approver's SignatureName of event related to purchase (if applicable):

If food was purchased, a Food & Beverage Form may be required depending on the budget. Please check with Admin Staff.

Description (one receipt per line)	Obj	Sub	Amount
1.			
2.			
3.			
4.			
5.			

If this is for a meal/food, please list attendees:

Total:

E-Reimbursement can no longer be used for ferry fares and in-state parking. Please use the Travel Worksheet (located on the SAFS webpage) for all travel.