

Personal Reimbursement

Completing a Personal Reimbursement
for Payment Processing

1) *Make sure the correct form is being submitted.*

- **Personal Reimbursement** – Reimbursement for non-regularly purchased items that have been paid for by an individual, have a University business related purpose, and expenses are not related to travel or food.
- Personal Reimbursements to employees should not include food (consumable) items, office supplies, lab supplies, computers, computer software, or printing.
- Whenever possible, do not mix personal purchases with business purchases. If a receipt includes personal purchases, lightly cross out or otherwise note personal purchases.
- Original receipts must be attached. Photocopies are not acceptable. Do not use highlighter on receipts or tape over the printing – it fades or sometimes erases the printing. A receipt that cannot be read will not be reimbursed.
- All receipts must be dated and itemized to show what was purchased – a credit card receipt is not acceptable unless it shows itemization. The itemization total must match the total paid.
- Receipts must show a zero balance or note the method of payment applied. A receipt with a balance and no information of any kind regarding payment method is not sufficient.
- If paid by check, a copy of the front and back of the canceled check needs to be attached. This can be an online print-out of the check image from the bank or a copy of the bank statement showing the check has been cashed. Personal information can be redacted/removed on the copies.
- If the item was purchased online, a website receipt should be accompanied by a copy of the credit card statement confirming the purchase amount. Personal information can be redacted/removed from the copy.

2) *Ensure the personal information section of the Personal Reimbursement form is filled out properly and completely.*

Banner Vendor Number
(if known):

Requestor's ID Number:

Check the appropriate box:

FIN – Federal Tax Identification Number, **or** SSN – Social Security Number

Requestor's Name:

Requestor's Address:

Requestor's Classification:

Employee

Student

Other

- **Banner Vendor Number** - This is required (V#).
- **Requestor's ID Number** – A V# is required to setup a payee for payment. If a V# does not exist, the SS# should be placed here. FIN or SSN should be checked if this option is utilized. If a SS# or FIN is not obtainable, please contact the Travel and Reimbursement Manager.
- **Requestor's Name** - Insert full, legal name as it is listed in the Banner Financial System. Do not use abbreviations or nicknames. This is part of the required three way match for payment. Nicknames often do not correlate directly to the legal name that is listed in Banner. In this situation, matching the payee to the information on the form becomes exceedingly difficult.

NOTE: The person being reimbursed must be the person who made the purchase.

- **Requestor's Address** - Insert home address. Do not use a campus address. The address is part of the three way match for payment.

NOTE: Employees and students must keep their address current via Banner Self-Service to prevent delays in reimbursements.

- **Requestor's Classification** - Select the appropriate category for the payee. This is important in determining if the reimbursement is allowable.

NOTE: Individual's employed by VCU Health System are not VCU employees.

3) *Business Purpose/Justification should be detailed with what was purchased and why.*

Business Purpose/Justification:

- The business purpose should tell what was purchased and for what purpose it will be used. Abbreviations should not be used here. It should be assumed that the person picking up this form has no understanding of the purchase which is being submitted for reimbursement.

4) *Verify that the expense is an allowable purchase per policy.*

5) *Enter the Total Amount for the Personal Reimbursement.*

Total Amount:

- Total receipts, making sure that there is itemization and proof of payment for each receipt included in the reimbursement.

6) *Enter the Banner Account Distribution Information.*

Banner Account Distribution:

Index	Account	Amount

- **Index** - Insert the Banner Index number the department has determined expense should be charged against.
- **Account** - Insert the Banner Account number that most clearly describes the expense(s) to be reimbursed.
- **Amount** - Insert the dollar amount to be charged against the Banner Index and Account numbers.

7) *Verify the appropriate approval signatures are present for the expense to be reimbursed.*

* I HEREBY CERTIFY THAT EXPENSES LISTED ABOVE WERE INCURRED BY THE REQUESTOR ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS.

Requestor's Signature: *

Signature	Printed Name	Date
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** I HEREBY CERTIFY THAT THE EXPENSES LISTED ABOVE WERE INCURRED BY THE REQUESTOR ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND THAT THEY INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS. I HAVE EITHER VIEWED AND INSPECTED THE ITEMS PURCHASED OR HAVE RECEIVED SUPPORTING DOCUMENTATION SUCH AS AN E-MAIL FROM THE EMPLOYEE (OTHER THAN THE APPROVER) VERIFYING THAT THE ITEMS WERE RECEIVED OR USED TO CONDUCT STATE BUSINESS.

Approver Signature: **

Signature	Printed Name	Date
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Department Contact:

Name	Department	Phone Number
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- **Requestor's Signature** - This should be the individual seeking payment (the person who made the purchase). The requestor should sign, print their name, and date the request.
- **Approver Signature** - Department approver must sign, print their name, and date the request. Approver may not be the person receiving the reimbursement.
- **Department Contact** - This should be contact information for the person who prepared the form and who can answer questions regarding the reimbursement, should any exist. A phone number is imperative. Please print name and department.

8) *Do not enter anything in the last section. This is for VCU Accounts Payable use only.*

AP USE ONLY	
Document Number:	_____
Signature:	_____
Date:	_____

- **Document Number** - This is generated by Banner Finance as the reimbursement is entered into Banner for payment. This is also the number used to reference the reimbursement if it should ever need to be researched at a later date.
- **Signature** - This should be the signature of the person who keyed the reimbursement into Banner Finance for payment.
- **Date** - This is the date that the reimbursement was keyed for payment into Banner Finance.