STATE UNIC	Office of the University Controller Florida State University Expense Refund Form			Student Business Services 1500A University Center
				Tallahassee, FL 32306-2394 Ph:(850)644-9452 F:(850)644-5142 <u>StudentBusiness@fsu.edu</u>
Expense Refund T	ype (Please Check One):	Expense T	ravel Expense 🗌	Payroll
			Date:	
Depositing Depa	ortment Name			
Department ID			Account (cannot b details)	e a budgetary account –see instructions for
Fund & Project Code (Project Required for Funds 520-599 & 800-899)			Chartfield 1/2/3 (If any)	
	Cash			
	Check			
	Money Order			
	Cashier's Check			
	Traveler's Check			
	Total \$			
For Travel Expen	se Refunds Only:			
Traveler Name: Expense Report #:				
For Expense and	Payroll Refunds Only:			
Vendor Name: Vendor ID #:				Voucher Date:
Voucher # /Cash Advance ID /Employee ID (circle one):				
Print/Type Persc Verify:	on Responsible for Refun	id Phone	Number	
Account numb	per listed is not a budget	tary account 🛛 🗌 If F	Fund Code is 520-599	or 800-899, Project Code is Listed Above
Signature of Per	son Responsible for R	efund	Date	
FOR STUDENT	BUSINESS USE ONLY:			
Cashier		Date:		
Account # is	not budgetary (Verifie	d against list from instr	ructions)	
Verified Proi	ect/Fund. If Fund Code	e is 520-599 or 800-899), Project Code Enter	ed DT118B Revised 01/15
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