

Office of the University Controller Florida State University Student Business Services 1500A University Center Tallahassee, FL 32306-2394 Ph:(850)644-9452 F:(850)644-5142 StudentBusiness@fsu.edu

### Procedure: Completing an Expense Refund Form

**Overview**: The Expense Refund Form (DT118b) is submitted to the Office of Student Business Services for departmental deposits that are from an expense, travel or payroll reimbursement for a service or product. Expense refund forms are submitted with payment to the Cashier Department in the Office of Student Business Services. Departments will need to complete all information on the form prior to depositing.

#### I. Completing the Form

- a. Check the box next to which Expense Refund Type you will be depositing.
- b. Enter your department name and the date in the spaces provided.
- c. Enter the six-digit department number and three digit fund code of the budget that you would like the deposit to process from.
- d. Enter the account number of the budget.
  - \*NOTE: Budgetary accounts cannot be deposited to. See page 2 for list of invalid accounts.
- e. Please enter the project number for the account, if necessary. Enter any chartfields necessary.
  - \*NOTE: All budgets with fund numbers 500-599 or 800-899 require a project ID number.
  - f) Enter the amount of currency for the deposit in the appropriate spaces. The total will automatically be calculated.
  - g) Enter the Vendor Name and Vendor ID number of the service or product for reimbursement in the spaces provided.
  - h) Enter the Voucher #/Cash Advance ID/Employee ID, Voucher Amount and Date of Voucher in spaces provided.
    - \*NOTE: If you have any questions on the Voucher #/Cash Advance ID/Employee ID, please contact General Accounting at 644-5010.
  - i) Enter name of person responsible for deposit and phone number.
  - j) Signature of person responsible for deposit and date required.

#### II. Submitting the Form

- a. This form can be submitted in the Office of Student Business Services located in University Center Building A Room 1500 between the hours of 8:30am-4:30pm.
- b. This form may also be mailed with payment enclosed to:

Office of Student Business Services

A1500 University Center

282 Champions Way

PO Box 3062394

Tallahassee, FL 32306-2394

\*NOTE: No cash allowed if sending deposit by mail.

Please contact Toia Greve at 644-6724 or by email at tgreve@fsu.edu with any questions.

000000	691906	for Expense Refunds 780000
000000	691906	780010
100000	692101	780100
100001	692102	780100
113001	692800	780100
140000	692801	780110
200000	692900	780140
200001	693700	780150
223001	693700	780160
225000	694002	780170
300000	694002	780200
400000	694017	780300
500000	694099	780303
600000	694801	990000
600001	694802	990003
690100	695000	
690110	697000	
690120	700000	
690130	700001	
690150	710000	
590160	710100	
690170	720000	
690180	730000	
590190	730010	
590191	730100	
590220	730300	
590400	730400	
590500	730700	
590700	730800	
590800	730810	
591000	730830	
591100	730860	
91200	730880	
91202	740000	
91203	740200	
91510	740300	
91520	740350	
91530	740500	
91535	740540	
91560	740700	
91570	741000	
91800	741530	
91903	742100	
91904	760000	
91905	770000	



# Office of the University Controller Florida State University

## **Expense Refund Form**

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			Date:	
Depositing Dep	artment Name			
 Department ID			Account (cannot be	e a budgetary account –see instructions
			details)	,
Fund & Project 800-899)	Code (Project Required for Fu	unds 520-599 &	Chartfield 1/2/3 (If any)	
	Cash			
	Check			
	Money Order			
	Cashier's Check			
	Traveler's Check			
	Total \$			
au Tuarral Francis				
or Travel Expe	nse Refunds Only:			
raveler Name: _	·		Traveler ID	)#:
raveler Name: _	•		Traveler ID Cash Adva	) #: ance # (if applicable):
raveler Name: _ expense Report	·		Traveler ID Cash Adva	) #: ance # (if applicable):
Traveler Name: _ Expense Report  For Expense and	#:		Cash Adva	ance # (if applicable):
Traveler Name: _ Expense Report  or Expense and Vendor Name: _	#:d Payroll Refunds Only:	Vendor ID #:_	Cash Adva	ance # (if applicable):
Traveler Name: _ Expense Report  or Expense and Vendor Name: _	#:d Payroll Refunds Only:	Vendor ID #:_	Cash Adva	ance # (if applicable):
Traveler Name: _ Expense Report  For Expense and Vendor Name: _ Voucher # /Cash	#: d Payroll Refunds Only: n Advance ID /Employee ID (ci	_ Vendor ID #: _ rcle one):	Cash Adva	ance # (if applicable):
Traveler Name: _ Expense Report  For Expense and Vendor Name: _ Voucher # /Cash	#:d Payroll Refunds Only:	_ Vendor ID #: _ rcle one):	Cash Adva	ance # (if applicable):
Traveler Name: _ Expense Report  For Expense and Vendor Name: _ Voucher # /Cash  Print/Type Pers Verify:	#:#:	_ Vendor ID #: _ rcle one): Phone	Cash Adva	ance # (if applicable):  Voucher Date:  Voucher Amount:
Traveler Name: _ Expense Report  For Expense and Vendor Name: _ Voucher # /Cash  Print/Type Pers Verify:	#: d Payroll Refunds Only: n Advance ID /Employee ID (ci	_ Vendor ID #: _ rcle one): Phone	Cash Adva	ance # (if applicable):
Traveler Name: _ Expense Report  For Expense and Vendor Name: _ Voucher # /Cash  Print/Type Pers /erify:  Account num	#:#:	_ Vendor ID #: _ rcle one): Phone	Cash Adva	ance # (if applicable):  Voucher Date:  Voucher Amount:
Traveler Name: _ Expense Report  For Expense and Vendor Name: _ Voucher # /Cash  Print/Type Pers  /erify:  Account num	#:	_ Vendor ID #: _ rcle one): Phone	Number Fund Code is 520-599 c	ance # (if applicable):  Voucher Date:  Voucher Amount:
raveler Name: _ Expense Report  or Expense and Vendor Name: _ Voucher # /Cash  Print/Type Pers /erify:  Account num	#:#:	_ Vendor ID #: _ rcle one): Phone	E Number Fund Code is 520-599 o	ance # (if applicable):  Voucher Date:  Voucher Amount: