

Payroll Reimbursement Form

Revenue Accounting Services 6300 University Center A 282 Champion's Way Tallahassee, FL 32306-2391 CTL-Deposits@fsu.edu

The purpose of this form is for departments to notify the Controller's Office of incoming employee payroll reimbursement payments and to provide the required information to record the deposit. Please include this form with deposits delivered in person to the secure drop box located outside of the Student Business Services office at A1500 University Center. Please note, only cash, checks, cashier's checks, traveler's checks, and money orders are accepted for payroll reimbursement payments.

Section I. Deposit Summary		
	Department Information	
Department Name:	Contact Name:	
Contact Email:	Contact Phone:	
	Payment Information	
Employee Name:	Employee ID:	
Employee Department:	Voucher ID:	
Effective Date From:	Effective Date To:	
Voucher Date:	Voucher Amount:	

Section II. Deposit Detail

In this section, list the payment method and amount to deposit in each department/fund/account/project/CF combination. The Controller's Office will record these deposits with an AR Direct (ARD) journal using the information provided below. Repeat for each combination needed.

Departments can validate the posting of deposit information by running OMNI FI query FSU_DPT_DIRECT_JRNL_DEPOSIT.

Accounting Distribution for Payroll Reimbursement										
Payment Method	Amount	Department	Fund	Account	Project	CF1	CF2	CF3		