

Reimbursement Certification and Approval Form

I, (signature) _____, (date) _____, CERTIFY THAT THESE EXPENSES WERE CHARGED AND INCURRED IN ACCORDANCE WITH MIAMI UNIVERSITY POLICIES AND THAT I AM NOT BEING REIMBURSED FOR THESE EXPENSES BY ANOTHER ORGANIZATION.

NOTE: Please sign in the space above and PRINT your name here: _____

Approval for payment to be made to the above named recipient

Name of Chair or Department Head to whom the recipient organizationally reports

Signature Date