MANSFIELD UNIVERSITY

MISCELLANEOUS REQUEST FOR REIMBURSEMENT (MRR)

TO: Accounts Payable Office	Date:	
FROM: (Department Name)		
Cost Center(s) #		
GL Account(s) #		
Description of expenses and purpose		Amount(s)
	TOTAL:	
Please make check payable to:		
Mail check to this address:		
Requested by:	Approved by:	
Requestor signature	Fund Center Administr	rator and/or
	Cabinet Member	

Miscellaneous Request Policy

This request will be used when a Purchase Order or purchasing card is not appropriate. Use of this form IS NOT PERMITTED for contracted services, subscriptions and/or memberships. For all travel related reimbursement requests please use a TAR and/or a TEV as applicable.

****Only individuals having budget responsibility may approve the reimbursement.

**** Individuals with budget responsibility cannot authorize payments to themselves. Such reimbursement request shall require the individual's immediate supervisor to approve the payment request. If requestor is a Department Chair or Director, then the appropriate Cabinet member needs to approve.

****An e-signature or a full, legible signature is required.