Instructions for Completing Employee Reimbursement Request
****DO NOT fill out this form if your expenses are travel related – use a Travel Settlement Form****

1. West Liberty University – prepopulated
2. Employee Name – Name as is appears in OASIS
3. State Org. Number – prepopulated
4. Vendor Address – Employees home address (on Receiving Report, use vendors address, not employees address)
5. WVOASIS GAX ID – AP will complete
6. WVOASIS vendor ID – AP will complete
7. Quantity – if receipt has many items, quantity can be 1
8. Description of Items – most items can be listed with "etc" at the end
9. Unit Price
10. Purpose of expenditure – list date and name of event
11. Employee signature/date
12. Supervisor signature/date
13. Accounting codes – while there is no prompt for this, Accounts Payable needs your accounting string to process

Employee Reimbursement Request

Please do not use this form for travel reimbursements.

State Org Name:	**Employee Name:**
State Org. Number:	**Vendor Address:**
wvOASIS GAX ID:	**wvOASIS vendor ID:**

Quantity	Description of Items	Unit Price	Total

Purpose of expenditure:	
Employee signature / date	**Supervisor signature / date**

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