



Reimbursement/Payment Request

REGIONAL EXPENSE

- Check One:**
- Advance Request
 - Reimbursement Request
 - Payment to Third Party *(Attach vendor invoice when available)*

Requestor Name: _____

Check Payable to: _____

Address: _____

E-Mail Address: _____

Itemized Description of Expenditure			
Note: Attach original receipts or vendor invoice for all expenses			
Description/Purpose of Expenditure	Date Incurred	Account Code	Amount
Total Costs \$			
Reimbursement/Payment Requested \$			
Donation in Lieu of Reimbursement \$			

CERTIFICATION: I hereby certify that the information on this payment request voucher is accurate to the best of my knowledge; that expenses incurred during travel complies with the ASPIRE Travel Policy; and finally, that these expenses have been submitted only to ASPIRE for reimbursement or payment consideration.

Signature: _____ **Date:** _____

APPROVED BY

ASPIRE President: _____ Date: _____

ASPIRE Treasurer: _____ Date: _____

Mail To:
 Cody McMichael
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 1200 University Street, Unit 9510
 Spearfish, SD 57783-9510