

IUPUI
OFFICE OF
FINANCIAL SERVICES
INDIANA UNIVERSITY—PURDUE UNIVERSITY
Indianapolis
Request for Payment/Reimbursement for
Recruitment/Retention

RC: _____ Dept: _____

PO/DV Number: _____

RECEIPTS SHOULD BE ATTACHED TO THIS FORM.

1. **Business/Person to be reimbursed:** _____
Address: _____
 2. **Amount of reimbursement requested:** \$ _____
 3. **Date and Place of Function:** _____
 4. **Nature of function (give detail):** _____
 5. **Purpose/Benefit to the University:** _____
 6. **Number of persons attending: (A list of Attendee's is also required)**
University Employees _____
Students _____
Non University _____
Affiliation of non-employee attending: _____

 7. **Type of Recruitment/Retention:**
___ Student Recruiting/Retention (4046)
___ Faculty/Staff Recruiting/Retention (4047)
 8. **Signature of Fiscal Officer or Designee:**

- Date Submitted: _____