

Office Use Only  
Last Reimbursement

Sample

**Abilene Christian University**  
**iPod Reimbursement Confirmation of Eligibility Form**

Date	February 14, 2013
Employee Name	Kim Trainor
Banner ID	89000001B
Email Address	jd199b@acu.edu
Department	my department
Position Title	Assistant Professor
FOAP (Office Use Only)	Fund: 100000    Org: 16100    Acct: 5025    Prog: 40
Allowance	\$199

This Equipment allowance will be reimbursed using an accompanying Request for Payment form according to Financial Operations check policies.

The allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises and will not be used to calculate benefits based on a percentage of salary.

**Employee Certification (initial each statement below, to validate your agreement):**

KT I certify that the above allowance will be used toward expenses I incurred for the purchase of an iPod touch.

KT I certify that I will be teaching 6 or more credit hours this academic year.

KT To the best of my ability, I will use this device to advance the ACU Connected Mobile Learning Initiative.

Kim Trainor  
Employee Signature

2-14-13  
Date

Mobile Learning Director

Date

Senior Strategic Planner

Date

Controller (Payroll Office)

Date

Please mail all three: #1-iPod Reimbursement Confirmation, #2-Request for Payment and #3-Receipt to:  
**Mobile Learning Reimbursement, ACU Box 29201**

Revised 2/2013

ABILENE CHRISTIAN UNIVERSITY  
Request for Payment

Sample

PAYEE INFORMATION

Date Requested: 2-14-13

Name: Kim Trainor

Banner ID: 89000001B

Address: 104 Stable Way

City, State, Zip: my city, TX 796XX

Does the payee have a financial or management connection to an ACU employee?

Yes ☐

No ☒

Is the payee currently an ACU employee?

Yes ☒

No ☐

Is the payee a currently enrolled ACU student?

Yes ☐

No ☒

Is the payee an international individual or company?

Yes ☐

No ☒

PAYMENT METHOD

If the payee is set up for direct deposit, **this will be the automatic payment method**. For all others, the check will be mailed to the notated address unless otherwise indicated below:

☒ Mail  
☐ Mail with the attached enclosures  
☐ Mail check to ACU box number \_\_\_\_\_  
☐ Pick up check: Call \_\_\_\_\_ at extension \_\_\_\_\_

PAYMENT INFORMATION

Payment Description & Purpose: ipod allowance reimbursement

Index	Fund	Organization	Account	Program	Activity	Amount

Check if W-9 is on file in the AP office (for 1099 payments only)

Total Amount   1  

AUTHORIZED SIGNATURES

Requestor's Signature: Kim Trainor

Department: my department

Extension: XXXX

Supervisor's Signature: \_\_\_\_\_

Department: \_\_\_\_\_

Extension: \_\_\_\_\_

Sample