University of Minnesota

Statement in Lieu of Receipt

Statement in Lieu of Receipt			Route this form to: U Wide Disbursement Form: Services UM 1566
Complete this form to document a reim Attach to University payment documen	660 WBOB 1300 So 2 nd St Rev: 7/08 Mpls, MN. 55454		
Employee Name	Employee ID		Duluth Bus. Office 209 DAdB 10 Univ Drive Duluth, MN. 55812
Transaction Number	For Questions – C	Call	Suidin, IIII. 30012
Record each transaction below with lescription of transaction(s) and re		date and dollar amount.	Provide detailed business purpose,
certify that the expenses(s) outline eimbursement.	ed above are valid and accur	rate; I have paid the total	shown and I am entitled to
Employee Signature:		Date:	
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