



Office for Access and Equity

EMPLOYEE ACCOMMODATION EXPENSE REIMBURSEMENT FORM	
College:	
Department	
Employee Name:	
UIN:	

Date	Description	Cost
Total Expense:		\$ -

C-FOAPAL (* = Require Fields)

Chart*	Index	Fund*	Account*	Program*	Activity	Location	Amount

Please confirm that the Accomodation been approved by OAE

Unit Supervisor Signature: _____ **Date:** _____

We, the Undersigned, Hereby Certify that the Above Bill is Correct and Payable from the Appropriation Shown