



# REIMBURSEMENT FORM

## \*\*\*Proof of Payment Required for All Reimbursements\*\*\*

1. Payment to Meritus Employee: ☒ Yes ☐ No If Yes, Complete Section A  
2. Payment to Trivergent Employee: ☐ Yes ☐ No If Yes, Complete Sections A & B (Home Address)  
3. Payment to Other: ☐ Yes ☐ No If Yes, Complete Section B

## Section A—Payment to Meritus Employee (Reimbursement through Payroll)

Employee Name: Jennifer Alcorn Dept: TMS Date: 10/4/2023

Reason for Reimbursement (Itemized receipts and backup must be attached: Student Career Fair mileage to WVU for Rehab

Mileage: 286 Miles @ 0.655 Per Mile \*\*\*Reimbursable Upon Return Only \$ 187.33

Destination West Virginia University (Mapquest/Google maps attached)

Meals: (Number of meals         )

Lodging: (Number of nights         ) Confirmation #          \$         

Other Reimbursable Expenses:          \$         

Registration / Dues / Prof. License:          \$         

**Total Reimbursement Requested:** \$ 187.33

*Please allow 3 weeks from date of submission for processing.*

**Manager:** All above expenses will be charged to the employee's home cost center, unless noted otherwise:         

## Section B—Payment to Other & Trivergent Employees (Payment through Accounts Payable)

Check Payable to:         

Remittance Address:         

Reason for Payment:         

Amt\$          Account #:         

Amt\$          Account #:         

Amt\$          Account #:         

Amt\$          Account #:         

**Total Payment\$**         

\*\*\*2 Signatures are Required\*\*\*

Requested By: Jennifer Alcorn

Supervisor Approval:         

Administrative Approval: