

Setup Request for Student Reimbursement (Non-Travel)

SAP Concur



All fields are required.

Student Name:
Email Address:
Mailing Address:
Student ID:
*Student Signature:
Requestor Name:
Date:
Requestor Email or Phone:

**By signing this form, I certify that this is a true and accurate accounting of expenses incurred by me to accomplish official business for the CSU, and I have not received, nor will I receive, reimbursement from any other source(s) for the expenses claimed.*

DIRECTIONS: Complete the top section and send it to Payment Services at accounts_payable@csu.edu. This form should be attached to the expense request in Concur as part of the backup.

Payment Services will contact the requestor when the setup has been completed.

Payment Services Use Only:

Date Received _____ Vendor ID _____ Set up by (initials) _____

Date set up in CFS _____ Date Requestor Notified _____ Notified by (initials) _____