

## Student Government Accounting Office Reimbursement Signature Form

I hereby certify the expenses incurred, as reported on this form, were necessary and proper, are just and true in all respects, and that no part of the amount requested to be paid or reimbursed has been paid or reimbursed by any other source. I also certify that any travel associated with the above expenses has been completed for the stated UNM Business Purpose.

**Reimbursements:**

If the payment being requested on this form represents reimbursement to a UNM employee, by signing below, the employee acknowledges that any expenses incurred greater than sixty (60) days before receipt of this form by Financial Services will be considered additional taxable compensation per IRS regulations and hereby authorizes all applicable taxes to be withheld from their next paycheck.

\_\_\_\_\_  
Total Amount of Request

\_\_\_\_\_  
Payee's Name

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Banner ID #

\_\_\_\_\_  
Payee's Signature

\_\_\_\_\_  
Date