Employee Reimbursement Request

Please do not use this form for travel reimbursements.

State Org Name: Fairmont State University	**Employee Name:**
State Org. Number: 0484	**Employee Address:**
wvOASIS GAX ID:	**wvOASIS vendor ID:**

Quantity	Description of Items	Unit Price	Total

Purpose of expenditure:	
Employee signature / date	**Supervisor signature / date**

WVSAO ER-1 Last revised 7/11/14

Fund	Org/Unit:	Object: