

Louisiana State University Office of Accounting Services Accounts Payable & Travel 217 Thomas Boyd Hall

EXPENSE REIMBURSEMENT FOR NON-WORKERS								AS541-NW	
Request Date									
Department									
Contact									
Phone Fax			E-mail						
			T						
Payee			Address						
Supplier ID	r ID (City				
Document #			State				Zip	Zip	
	Description				Quantity	Unit	Unit Price	Total Price	
					To	otal Due	to Non-Worker		
Spend Category					☐ I do not ☐ have a University procurement card.				
Program				Purp	urpose of Purchase:				
Project									
Gift									
Grant									
Cost Center									
Fund									
Function									
Additional Worktags									
Amount									