

Division of Finance www.uidaho.edu/finance/

Late Reimbursement Affidavit

Please complete and	attach to submission documents		
Print Employee Name (First Name, Middle Initial, Last Name):			Phone:
Chrome River Report Number:			Report Submission Date:
Expense/Purchase			
Date:	: Description of Items Over 60 days:		Amount:
		Total Taxable	
		Reimbursement:	
Reason for late reiml	oursement request:		
Leartify that Lam au	vare of the IRS/UI 60 day rule and the reimburse	mont documented on t	his form will be taxed via
-	payroll@uidaho.edu prior to the submission of		
	options may be available. Please visit the Accou		
Employee Signature:			Date:
	l Cianatura		Data
Supervisor Name and Signature:			Date: