

# OUTDOOR EMORY // FINANCE

## Reimbursement Form Instructions

There are **specific instructions you need to follow** to fill out the Reimbursement Form, so please read the following points carefully:

### 1. Type the following:

- a. Student Information Section
  - i. You **MUST** fill in all fields
  - ii. The Emory network id is your login id (ex: jdoe23).
  - iii. The mailing address should be a location you regularly check.
- b. Department Information
  - i. **Do not** fill in this section. The Treasurer will fill it in.
- c. Banking Information
  - i. While optional, we highly recommend filling in this section to ensure you receive your reimbursements in a timely manner.
  - ii. This information will only be used by Emory University Payment Services to direct deposit your reimbursement into your back account.
  - iii. If you don't fill this section out, a check will be mailed to you instead.
- d. Provide proxy access to
  - i. This section is prefilled. Do not edit this information.
- e. Signature Authorization
  - i. Leave the signature line blank. The form will not be accepted if the signature is typed.

### 2. When you have completed the form, select **File > Export as PDF...** to save the document as a PDF

- a. If you skip this step, the information you entered may not save properly depending on your computer and operating system.

### 3. Sign the document by either:

- a. Printing out your form
  - i. Sign it with a pen (no pencils)
  - ii. Scan the signed document so you can submit it digitally
- b. OR sign with a digital signature
  - i. Inserting a digital signature using a signature tool in Apple's Preview app, Adobe Acrobat, or a similar program (i.e. not just typing, but a true digital signature)
  - ii. Save as a PDF

### 4. Email the completed form to Connor Cione ( [connor.cione@emory.edu](mailto:connor.cione@emory.edu) ) AND Kamin Bouguyon ( [kbouguy@emory.edu](mailto:kbouguy@emory.edu) ). Please do so in one email so each knows that the other has received it.



**Student - Compass Financials Access Request Form**  
**Travel and Expense Module Only**

Completed form should be scanned and emailed to ACTSPAY@emory.edu

**Student Information - all fields are required**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Student ID Number \_\_\_\_\_

Emory Network Id \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State - Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_

**Department Information - all fields are required**

Department Number \_\_\_\_\_

SmartKey Number \_\_\_\_\_

**Banking Information - optional**

Bank Name (receiving) \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Provide proxy access to - optional**

Last Name, First Name	_____	NetID	_____
Last Name, First Name	_____	NetID	_____
Last Name, First Name	_____	NetID	_____

**Signature Authorization**

By signing below, I hereby authorize Emory University Payment Services to use the address (provided above) in relation to any payment made to me. Also, if I have entered banking information, I authorize Emory University Payment Services to direct all personal reimbursements to the account referenced.

Student Signature \_\_\_\_\_

Date of Signature \_\_\_\_\_

**For Emory Payment Services Use Only**

Information Received on \_\_\_\_\_

Information Entered on \_\_\_\_\_