

## Travel Reimbursement Payments

Examples of such payments would be if someone was reimbursed for expenses that were actually on the departmental travel card; travel awards granted by an external source, overpayments on expenses that were made in error.

Please complete the attached Record of Deposit form. Submit the completed form and your payment to the UAMS Treasurer's Office.

Most fields are self-explanatory on the Record of Deposit form, but, instructions are noted below.

Record of Deposit information must match to the Expense Reports.....Not your default Cost Center or other Worktags

DEPARTMENT/CLINIC:	UAMS Travel Department
DEPOSITOR:	Employee reimbursing UAMS
ID #:	DEPOSITOR Workday ID Number
DATE:	Date deposit submitted to UAMS Treasurer's Office
MAIL SLOT/PHONE#/EMAIL:	DEPOSITOR information
PURPOSE:	"Travel Reimbursement" and "ER/Trip Number"
INDEX:	Leave blank
REVENUE CODE:	RC0054 (Only)
AMOUNT:	Refund payment total
FUND:	Department's Fund Number (FD and 3 digits)
COST CENTER:	Department's Cost Center Number (CC and 6 digits)
GRANT:	GRXXXXXX (GR and 6 digits) Leave blank if no grant
NACUBO:	Must include. (FN and 4 digits)
TEXT:	Company name paying reimbursement
COMMENT BOX:	Designated (Foundation)