



Clearing Form

Date:

I. Vendor Information:

Name: _____ * E, S or V #: _____
 Address: _____

II. Detailed Business Purpose:

III. Reimbursable Expenses (attach paid invoices/receipts for reimbursable expenses):

| Description: | Total Amount: | Not Reimbursable: | Reimbursable: |
|--------------|---------------|-------------------|---------------|
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| Totals: | \$ | \$ | \$ |

IV. Summary:

| | |
|---|----|
| Amount (Returned by) or Reimbursed to Vendor: | |
| Total of Reimbursable Expenses | \$ |
| Less: (Advances Received) | \$ |
| Amount (Returned by) or Reimbursed to Vendor | \$ |

CQW # _____ **Protocol or Control # (if applicable)** _____

V. Coding:

| | | | | |
|--------------------|---|---|-----------|--|
| Fund/Org/Acct: | / | / | \$ | |
| Fund/Org/Acct: | / | / | \$ | |
| Fund/Org/Acct: | / | / | \$ | |
| Fund/Org/Acct: | / | / | \$ | |
| Grand Total | | | \$ | |

VI. Signatures:

I certify that I have expended the amounts shown for valid University business.

| | | |
|-----------------------|-----------------------|---|
| Requestor: | Approved by: | Principal Investigator (if Grant or Contract) |
| | | |
| Typed or Printed Name | Typed or Printed Name | Typed or Printed Name |
| Signature and Date | Signature and Date | Signature and Date |

Comments:

NOTES: Human Subjects - Use the comment section to certify the work was completed providing the amount each subject or individual was paid. Attach the list of recipients. When the names are confidential (note it in the comment section) the individual list of names must be kept in the department along with the protocol or control #.

* V is either the visitor or vendor #