



Office of Vice President for Finance and Administration
 Oregon State University
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Memorandum of Understanding

Failure to Submit a Reimbursement Request Within 60 days after Purchase Date

Purpose: In response to a violation of OSU FIS Policy 407 Personal Reimbursements, this memorandum of understanding serves as formal notification that you have neglected to submit a reimbursement request in a timely manner. In addition, it also will provide educational guidance to facilitate future compliance with applicable University policies and procedures.

Condition/Criteria: It has come to our attention that you filed a personal reimbursement claim more than 60 days after the date of making an OSU business purchase with personal funds which is in violation of FIS 407. Timely substantiation of a personal reimbursement is considered to be 60 days. Accordingly, if during the ensuing two year period you neglect to file for a personal reimbursement more than 60 days after the purchase completion date, your claim will be denied.

Requirements: Before your current personal reimbursement can be processed, your acknowledgement of the following is required:

1. You understand the requirements for timely filing of personal reimbursement claims as delineated within FIS 407 Personal Reimbursements.
2. From this point forward, you will file all personal reimbursement claims within 60 days after completing an OSU business purchase with personal funds.
3. You understand that your negligence to comply with these requirements at any time during the following two year period will result in the denial of your personal reimbursement claim.

Business Affairs:

Aaron D. Howell
 Director of Business Affairs

Business Center Manager:

Signature: _____
 Printed Name: _____
 Business Center: _____
 Date: _____

Please sign below to indicate your acknowledgement of this information and return this document to the attention of the Business Center noted above so your reimbursement request can be processed.

OSU Compensated Employee

Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____

Dean / Department Head

Signature: _____
 Printed Name: _____
 Title: _____
 Date: _____