Creating an Expense Reimbursement *Employees Only*

At your Business e-Services menu, select "Expense Requests".



This screen will appear listing your most recent requests. Select "Add Request top tight hand corner.

DEPAUW			e-Home DePauw.edu Co	ourses (SOC)	Calendar Logout	^
			e-Services	2.0 Request	a PO Main Menu	
Search for a Deguiaition	Requisition Info	rmation		Status	Add Request	
Req #:	PYMT-455880	8/14/2019	Inn at DePauw (Tribbett, Linds \$2.00)	CANCELED	View	
View Results	PYMT-455839	8/13/2019	Steven Linville (Tribbett, Linda \$500.00)	POSTED	View Cancel	
Search for a Requisition	PO-442294	11/28/2018	A 'n J Bowl LLC (Tribbett, Linda \$0.00)	CANCELED	View	
Vendor:	PYMT-442013	11/20/2018	William and Susan Lorimer dba	CANCELED	View	

This screen will appear. Select "Reimbursement" from list.



This will be the screen that appears next. Fill in Request Summary and in drop down box choose "Reimbursement". (Employee Only) Use "flashlight" to query Account Number and Vendor Name (see highlighted area)

DEPAU W		e-Home DePauw.edu Courses (SOC) Calendar Logout
UNIVERSITY		e-Services 2.0 Payment Request Header
Payment Request Signature Matrix Please Note:	Request Summary: (Please enter a brief description of the items in this request)	~
If you are suggesting a new vendor , you will need to enter the fields marked with an asterisk ('*') before	Special Needs:	\sim
adding the request.	Request Type:	Please Select V
If you are requesting payment to an individual or for a stipend, you must provide the Social Security Number	Preparer:	Linda Tribbett
and home address in the spaces	Creation Date:	8/15/2019
Provided. Please note a change of address in	Account Number: (leave blank if multiple)	
Back to Requests List	Exception Delivery: (Contact Business Office at x4121)	○ Pick-up Pick-up Name & Phone:
	*required fields	
	* Vendor Name:	1
	Suggested Vendor Site:	
	Vendor TIN/SSN#:	Reimburse Me
	* Address1:	
	Address2:	
	Address3:	
	* City:	
	* State:	
	* Zip:	
	Phone:	
	Fax:	
	Contact Name:	
	Contact E-mail:	
	For Cash Advance: All t	hese fields are required if Cash Advance Request Type.
	Purpose of Travel:	
	Departure Date: (mm/dd/yyyy)	🔪 🖉
	Return Date: (mm/dd/yyyy)	 >
	Destination:	

To query the database, enter an account #, (search by name or account #) then select "Find" which will pull up all available accounts. Choosing "Select" will populate in the Account # field. If multiple account numbers will be needed, leave this blank. You will be able to add to each description line as needed on the next page.

DePauw e-Services: LOV - Internet E	xplorer	_		×
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Close Window		DEPA UNIV	\U₩ ∕FRSIT	Y
Account	2000000	× Find		
	Select Cancel			
©2000-21 DePauw University	helpdesk@depauw.edu			
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			100%	

When searching for a vendor name, use the flashlight, filter by "Search within Name" We find that choosing the most "least likely to appear" part of the name will shorten your search results. Choose your vendor from the list and choose "Select & Close". All information for that vendor will populate in the fields needed. If you do not find the vendor that you need, they are not in our system. You will need to request a W9 and direct deposit information from them and send to accountspayable@depauw so that they can be entered. Once entered, you should be able to search and find them for your payment requisition. Please wait for vendor (employee) to be added before proceeding with the payment request.

E Login C DePauw e-Services	E Logout	2
DEPAUW	e-Home	Help Privacy/Security Logout
UNIVERSITY		e-Services 2.0 Vendor Lookup
Please Select Fil Show All Search Starts with: # A B C [ter: Within Name ∙ Search by Vendor N) E F G H I J K L M N O P Q R S T	current: No Filter lumber U V W X Y Z
	Please Select	
	Select & Close Cancel	
2000-21 DePauw University	email: helpdesk@depauw.edu	Last Updated: 8/30/202:
DEPALIW	e-Home	Help Privacy/Security Logout
UNIVERSITY		e-Services 2.0 Filter Form
Алу part	of the name: %	%
	Select & Close Cancel	
@2000-21 DePauw University	email: helpdesk@denauw.edu	Last Undated: 8/30/202

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Once completed, select "Add Record" at the bottom of the page.

	Request Summary:	
Payment Request Signature Matrix	description of the items in this	· · · · · · · · · · · · · · · · · · ·
Please Note:	(cquest)	
If you are suggesting a new vendor , you will need to enter the fields	Special Needs:	
marked with an asterisk (**') before adding the request.	Request Type:	Please Select 🗸
If you are requesting payment to an		
individual or for a stipend, you must	Preparer:	Linda Tribbett
provide the Social Security Number and home address in the spaces	Creation Date:	8/15/2019
provided.	Account Number: (leave blank if multiple)	152001000.6350 📎 🧐
the Special Needs box.	Exception Delivery:	
Back to Requests List	(Contact Business Office at x4121)	Pick-up Name & Phone:
	*required fields	
	* Vendor Name:	Inn at DePauw
	Suggested Vendor Site:	790 PAY1
	Vendor TIN/SSN#:	Reimburse Me
	* Address1:	2 West Seminary Street
	Address2:	
	Address3:	
	* City:	Greencastle
	* State:	IN
	* Zip:	46135
	Phone:	
	Fax:	
	Contact Name:	
	Contact E-mail:	
	For Cash Advance: All th	nese fields are required if Cash Advance Request Type.
	Purpose of Travel:	
	Departure Date: (mm/dd/yyyy)	N
	Return Date: (mm/dd/yyyy)	😼 🖉
	Destination:	
		Add Record Don't Save

This is the next screen that appears. Each expense needs its own line. Always start the description line with "Reimbursement" or "Reimb:". Use the invoice # on the receipt if there is one provided. If there is no invoice # on the receipt, enter date and amount to be reimbursed. The system will create a unique invoice number. Use the "CAR Icon" in the Description field for mileage reimbursements. This will automatically calculate the reimbursement amount for mileage.

And D	EPAUW e-Home DePauw.edu Courses (SOC) Calendar Logout						Logout		
	INIVERSI	TY				e-Service	s 2.0 Payment F	Reques	t Lines
	To charg making	ge a single in sure that you	voice to m o	ore than one account, same invoice number e	enter the invoice ach time. Thank yo	as many times as ou.	necessary below,		
Edit thi	s Request Hea	der							
			DePauw	University Expense To: Account	e Reimbursem e Is Payable	ent Request			
	Requestor	: Tribbett,	Linda A.	Req Date: 8	/15/2019		REQ #: 45	5913	
	Account	VP Finance Adm/Office	00.6350 Expense	Pick up by:					
	,	/endor: In	n at DePa	uw		Vendor Nu	mber: 790		
	Street A	ddress: 2	West Sem	ninary Street					
	City	ST/Zip: G	reencastle	e, IN 46135					
	Request Su	mmary: Ex	xample						
	Special	Needs:							
?									
Item #	Invoice #	Invoice D	ate Des	scription		Account	Amour	nt	
1	0	8/15/2019) Rei	mb - Example		152001000.63	50	\$1.00	1
Item #	Invoice # (blank if none)	Invoice D (mm/dd/yyyy	Date Des	scription 💦		Account 🗎	Amou	nt	
2					<>	152001000.6350	\$		
	Additional Com	ments:							1
-									-
	Grand Total: \$ 1.00								
			Save and	Add Another Line	Review Print	able Request			
©2000-1	9 DePauw Unive	ersity		email: helpdesk	@depauw.edu		Last Upd	ated: 8	/15/2019

If selecting the "CAR Icon" this is the screen that will appear for you to complete next. This will calculate reimbursement of round trip mileage. The description of the trip does not need to be a lengthy description. Too many words will cause a problem when importing. Don't forget to "Save Mileage info"

DEPAUW		e-Home Help	Privacy/Security	Logout	
UNIVERSITY			e-Servio	ces 2.0	Calendar Logout
For trins to the airport, you may	From Location:				nt Request Lines
charge the distance from your	To Location:				w,
home or 42 miles one-way (84 miles round trip), whichever is	Distance				
less.	(in miles):				
	Description of Trip:			_	
					455913
				~	
	Sava	Miloago Info	Cancol		
©2000-19 DePauw University	email: helpdesk@denau	w.edu	Last Updated: 8	/15/2019	
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			152001000.8350	(10070 ¥	unt
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al Comments:					
			Grand T	otal: \$1.00)]
Sav	ve and Add Another Line	Review F	Printable Request		
w University	email: helpde	esk@depauw.ee	lu	Las	t Updated: 8/15/201

After completed and you "Save Mileage Info" This screen will appear. If more lines for reimbursement are needed choose "Save and Add Another Line". When all lines have been entered with all expenses, select "Review Printable Request"

ten D	EPAUW			e-Home	DePauw.edu Course	s (SOC) Calendar	Logout
	INIVERSI	TY			e-Services 2.0) Payment Reque	st Lines
	To charg making	ge a single invoice sure that you ente	to more than one accour r the same invoice number	nt, enter the invoic each time. Thank	e as many times as nece you.	essary below,	
Edit thi	s Request Hea	der					
		DeP	auw University Exper To: Acco	i se Reimbursen unts Payable	nent Request		
	Requestor	: Tribbett, Linda	A. Req Date:	8/15/2019		REQ #: 455913	
	Account	VP Finance Adm/Office Expense	50 Pick up by:				
	Ň	Vendor: Inn at [DePauw		Vendor Numbe	r: 790	
	Street A	ddress: 2 West	Seminary Street				
	City	ST/Zip: Greend	astle, IN 46135				
	Request Su	mmary: Examp	le				
	Special	Needs:					
?							
Item #	Invoice #	Invoice Date	Description		Account	Amount	
1	0	8/15/2019	Reimb - Example		152001000.6350	\$1.00	<i>L</i>
ltem #	Invoice # (blank if none)	Invoice Date (mm/dd/yyyy)	Description 祸		Account	Amount	
2	8/15/2019-9	8/15/2019	From: Greencastle To: Indianapolis Dist: 45 miles		152001000.8350	\$ 18.9	
[Additional Com	ments:					
1							_
					Grand Total	:\$1.00	
		Save	and Add Another Line	Review Prin	ntable Request		
©2000-1	9 DePauw Unive	ersity	email: helpde	sk@depauw.edu		Last Updated: 8	3/15/2019

VP Approval is required for all expense Reimbursements. This following screen appears next. Select "Approver" from drop down box. This will be your VP or designated Approver.



mypl2.depauw.edu says

Are you sure you want to submit to AVP - Travis Linneweber?



We are no longer accepting paper copies of payment requests in our office.

After submitting your payment request, please scan the requisition and all backup (invoice, contract, payment agreement, receipts, etc.) as one document. <u>Once you have received</u> notification that the payment request has been approved, send all documents to accountspayable@depauw.edu.

The deadline for submitting payment requests is each Tuesday at noon. Payments are processed on Fridays. Please remember that our payment terms are 15 days from the invoice date.

Paper checks are no longer available for employees of the University - ACH direct deposit is the only payment method offered. Payment via check is by special exception only.

Thank you,

Business Office Staff