

**TO:** Student Accounting

**FROM:**

**SUBJ:** Reimbursement for Personal Long Distance Calls

Month of Bill \_\_\_\_\_ Phone Number \_\_\_\_\_

Dept. Name \_\_\_\_\_ Account Number \_\_\_\_\_

**REIMBURSEMENT**

Complete the following to calculate the amount owed to the College. Please note, the six percent administrative overhead must be added to the cost of the calls.

Personal long distance calls	\$ _____
Six percent administrative overhead	\$ _____
Total reimbursement	\$ _____

Make checks payable to SUNY Cortland #900875

Mail or take payment to Student Accounting (Bursar) on the Third Floor, Miller Administration Building.

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**FOR STUDENT ACCOUNTING USE ONLY:**

Banner Rec. # \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

\*\*\*\*\*

**FOR ACCOUNTING USE ONLY:**

Dr 860875 9300	Revenue RA # _____
Cr _____ 9300	Date transmitted _____
Dept. Acct. No.	

FM # \_\_\_\_\_

Date \_\_\_\_\_