Chrome River Student/Guest Reimbursement Request Form

This form must be completed and submitted to Accounting Services at Box 6906 to add students and guests to Chrome River prior to processing of reimbursements.

Delegate and approver information is requested to ensure the individual’s reimbursement is properly routed for approval in Chrome River. The Delegate for the student/guest should be the person who will enter the Preapproval and Expense Report into Chrome River. (For example, the Department’s Administrative Assistant.) The Approver should be the person in the department who has the authority to approve travel. (For example, the Department Head/Chair.) The Delegate and Approver cannot be the same person.

Once the Preapproval and Expense Report are entered by the delegate on behalf of the student/guest, the student/guest will receive an email to the email address provided below. The student/guest will select the “Approve” button within the email and then “Send” the created email. The Department is responsible for making the student/guest aware of the process and the action needed.

Complete the following section for Student Requests:

Student Name: ________________________________________________________________

RU Email Address: ____________________________________________________________

Banner ID#: _________________________________________________________________

Delegate Name: ______________________________________________________________

Approver Name: _____________________________________________________________

Complete the following section for Guest Requests:

Full Legal Name: _____________________________________________________________

Email Address: ______________________________________________________________

Banner ID#: (if already set up) __________________________________________________

Delegate Name: ______________________________________________________________

Approver Name: ______________________________________________________________

If not set up in Banner, a completed Substitute W-9 ([COVA W-9](#)) must be attached or faxed to 540-831-7732. Please contact Accounting Support Services at Extension 7609 for assistance.

Department Contact: ______________________ ______________________

Print Name __________________________________________________________________

Phone Number __________________________________________________________________

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