SOUTHEASTERN UNIVERSITY

REIMBURSEMENT ENROLLMENT AGREEMENT

By initialing each section below, I confirm that I have read, understood, and agree to fully comply with all expectations, responsibilities, and requirements outlined in that section.

(1) Purpose of Enrollment

Initial Here _____

Southeastern University grants me access to BILL Spend solely to request reimbursement for mileage incurred during official university business using a personal vehicle, or for out-of-pocket expenses that could not be purchased with an approved SEU procurement card.

(2) Eligible Use

Initial Here _____

- Pre-approved purchases that cannot be made through other SEU procurement processes.
- Only approved, business-related travel is eligible for reimbursement.
- Mileage reimbursement requests must include trip dates, purpose, and start/end points.
- Personal, commuting, or non-business travel is not eligible.

(3) Audit, Compliance, and Receipt Requirements

Initial Here _____

- I understand submissions may be audited and require clarification or documentation if requested.
- Receipts are required for all purchase reimbursement requests.

(4) Approved Department Code Access

Initial Here _____

The Budget Owner approving this enrollment must list the authorized Department Codes that this reimbursement recipient is authorized to charge against using the BILL Spend platform.

Enter one complete five-digit Department Code per field.

If more than five unique Department Codes are needed, please attach a signed supplement.

(5) Reimbursement Timing & ACH Setup

Initial Here _____

- Processing may take 7–14 business days after approval.
- I must enter my ACH/banking info directly into BILL Spend. The university cannot view or modify this information.
- Frequent travelers should submit mileage requests more regularly to minimize delays.

(6) Acknowledgment & Signatures

By signing below, I agree to the terms listed above and affirm that I understand my responsibilities related to the BILL Spend Reimbursement process. I understand that submission of false, misleading, or falsified information may result in temporary or permanent revocation of reimbursement privileges and, for employees whose roles require financial processing, may impact job responsibilities and lead to additional disciplinary action, up to and including termination of employment.

	Printed Name	Signature	Date
Recipient			
Budget			

UPLOAD THIS AGREEMENT VIA THE MILEAGE REIMBURSEMENT ENROLLMENT FORM.