- In accordance with the policy of the Ritsumeikan Trust (Division of Finanial Affairs) regarding the “Invoice System” in accordance with the tax reform, starting in October 2023, the submission of this form is required for cases (i) and (ii) below where the researcher who is responsible for the execution of the relevant budget makes personal advances.

(i) Cases where “receipts” are not issued (i.e. evidence other than receipts is issued as the basis for payment completion)

(e.g. ATM transaction slips, screenshots of Internet banking transfers)

(ii) Cases where receipts are issued with only the individual’s name as the payer

- In the case where research collaborators (i.e. those who are not responsible for the execution of the relevant budget) make personal advances, please follow the same procedure as before through the researcher who is responsible for the execution of the relevant budget.

To: Budget Unit Manager, The Ritsumeikan Trust

Request for Reimbursement of

Personal Advance payment of Research Expenses

Billing date: MM DD YYYY

I am requesting the reimbursement of the following payment because I was obliged to make a personal advance for expenses necessary for the performance of my research.

|  |  |
| --- | --- |
| Spending Budget Type(Names of research expense, category, etc.) |  |
| Person in Charge of Research(Researcher who is responsible for the execution of the relevant budget) | Affiliation /position |  | Name |  |
| Payer (Requester) | Affiliation /position | Staff ID (for those who are affiliated with the University only):  | Name |  |
| PayerContact | TEL (or mobile phone):E-mail: |
| Payment Recipient |  |
| Total Amount to be Paid (Requested) |  |
| Foreign Currency | Exchange conversion rate: ＝ yen(as of MM DD YYYY ) |
| Payment Content/Purpose, etc. |  |

|  |
| --- |
| Account Specified for Bank Transfer (Those other than faculty/staff members of the University must also fill in the information below.) |
|  |
|  | Name of Bank: |  | Bank |  | Branch |
|  | (Furigana) |  |  |  |  |
|  | Account Holder Name: |  | Account Number: | Ordinary/Checking |  |  |  |  |  |  |  |  |
|  |

\*Please submit this form along with the vouchers (receipts, etc.) of personal advances made to the relevant Research Office.

\*The person requesting reimbursed payment must personally “sign or apply his/her seal” to the relevant documentary evidence. In addition, please carry out this procedure after making sure that goods and other items are subject to the “Acceptance Inspection by Secretariat.” (Items requiring acceptance inspection: All items purchased with public research funds and items purchased at a unit cost of 20,000 yen or more with other research funds.)

\*Personal information on this form will not be used for any purpose other than bank transfer. The University will destroy this form after the safekeeping period.