

HUMAN RESOURCES DEPARTMENT

Fingerprinting & Background
45 E State Street * 801-402-5550

BACKGROUND CHECK REIMBURSEMENT AUTHORIZATION

Each person whose background is being paid for must bring a completed form with them at time of fingerprinting.

I authorize the payment of the **\$60 background and fingerprinting fee** to be paid for the following individual from the following account:

Name:	
Their	Location/School:
Account #: Printed Name of Principal or Department Director:	
Phone Number:E	Email:
If you'd like to be notified when this reques	st has been submitted for reimbursement, please check here.
FOR OFFICE USE ONLY	
Date Submitted to Accounting for Reimbursem	ent:
Total Amount Submitted for Reimbursement:	to HR Acct # 2803
Authorized By:	