

OFFICE USE ONLY

Pcard Holder Initials:

Pcard # (last 4 digits):

Agency Org/Suborg:

Object Code:

## PURCHASE/REIMBURSEMENT REQUEST

**Company/person to be reimbursed  
or receive payment:**

**ASU (1000#)/Vendor ID #:**

**Academic Employee Worktag #:**

**Type of Request (Please select one):**

- |                          |   |                          |                                     |
|--------------------------|---|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Reimburse attached non-food receipt(s)<br>(food requires Business Meals Form) | <input type="checkbox"/> | Pay attached invoice                |
| <input type="checkbox"/> | Order attached items  | <input type="checkbox"/> | Completed Pcard Transaction         |
| <input type="checkbox"/> | Pay attached membership, conference, etc.                                     | <input type="checkbox"/> | Direct Billed (Print U,Vislab,etc.) |

Date: If this item is not specifically approved on your budget, please fill out a contingency request.

Person making request: Worktag/  
Approved Budget:

E-Mail/Phone: Account/Suborg:

**FOR REIMBURSEMENTS/PCARD PURCHASES:**

- ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED TO THIS FORM. BACK OF FORM IS OK.
- PLEASE USE TAPE, NO STAPLES.
- USE AN ADDITIONAL SHEET OF 8.5 X 11" PAPER IF NECESSARY.

**FOR PURCHASE ORDERS/INVOICE PAYMENTS:**

- PLEASE ATTACH A COPY OF THE INVOICE OR ORDER FORM TO THIS FORM.
- IF YOU HAVE RECEIVED AN EMAIL REQUEST WITH ORDERING INFORMATION, PLEASE FORWARD THE EMAIL TO THE BUSINESS OFFICE AFTER TURNING IN THIS FORM.

**BUSINESS/PUBLIC PURPOSE (BE SPECIFIC):**

TOTAL \$

I certify that the above is complete and accurate. My signature certifies that the expense requested is for Arizona State University purpose and has not been paid nor previously reimbursed and any services or equipment purchased shall remain the property of Arizona State University.

Signature

Date

**FOR BUSINESS SERVICES ONLY**

Date Received:		Authorized Name:		Authorized Signature:	
Date Processed:		Document Number:		Object/ Sub-Object:	