

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:	
Employee ASU (1000#) OR Supplier ID #:	
Type of Request (Please select one):	
<input type="checkbox"/> Reimburse attached non-food receipt(s) (food requires Business Meals Form)	<input type="checkbox"/> Direct Billed (Print U, Vislab, etc)
<input type="checkbox"/> Order attached items	<input type="checkbox"/> Issue Purchase Order (PO) to supplier (used to authorize order of goods/services from a supplier should be completed in advance of purchase)
<input type="checkbox"/> Pay attached membership, conference, etc.	<input type="checkbox"/> Pay attached Invoice ***violation of policy
Date:	<i>Reimbursements will need to be submitted to the SHPRS Business Office within 45 days of date the expense was incurred.</i>
Person making request:	Worktag/ Approved Budget:
E-Mail/Phone:	Account/Suborg:
FOR REIMBURSEMENTS/PCARD PURCHASES:	
<ul style="list-style-type: none"> • ORIGINAL ITEMIZED RECEIPTS MUST BE ATTACHED TO THIS FORM. • ***GOODS AND SERVICES NEED TO BE PURCHASED USING A PURCHASE ORDER IN ADVANCE OF PURCHASE*** • REIMBURSEMENTS OVER \$1,000 (CUMULATIVE TOTAL TO SAME SUPPLIER) SHOULD BE AVOIDED. DEAN APPROVAL NEEDED PRIOR TO PURCHASE. 	
FOR PURCHASE ORDERS/INVOICE PAYMENTS:	
<ul style="list-style-type: none"> • 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 (Provide purpose and benefit to ASU):	

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:	