

Payment to Supplier or Order Request:

Payee/Supplier Name: _____

Total Amount:

ASU Employee/Student Reimbursements:

Employee/Student Name: _____ Employee/Student ASU ID#: _____

Account Name / Account Number / Cost Center:

BUSINESS/PUBLIC PURPOSE (BE SPECIFIC): For examples, visit https://www.asu.edu/aad/manuals/fin/fin119.html

Type of Request (Please select one)

<input type="checkbox"/> Purchase Attached Item(s)	<input type="checkbox"/> Pay attached Invoice / Quote
<input type="checkbox"/> Reimburse Attached Non-Food Receipt(s)	<input type="checkbox"/> Foundation
<input type="checkbox"/> Reimburse Attached Food Receipt(s)	<input type="checkbox"/> Direct Billed (ASU Materials, PrintU, Internal Service Delivery)
<input type="checkbox"/> Other _____	

** FOR FOOD PURCHASES – you must have an itemized receipt and a credit card payment receipt (if applicable). Please ensure you do not exceed \$40 per person maximum for food and soft drinks. Do not tip over 20% of the subtotal for food and soft drinks. Please ensure all alcohol is on a separate receipt (itemized and credit card receipts required). A list of attendees along with their affiliation (ex. ASU unit, Visitor & affiliation, etc.) is required for ALL food/alcohol reimbursements. Please reference FIN 420-02 for any questions, <https://www.asu.edu/aad/manuals/fin/fin420-02.html>. **

URL for Requested item(s) if applicable:

Special Instructions (ex: Need by Date, Room #, etc.):

Requestor's Name	Phone No	Requestor Signature	Date
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For Reimbursements: I hereby certify that the expenses listed above were incurred by me and are necessary and appropriate expenditures for SGSUP. By my signature, I acknowledge that the goods purchased become the property of ASU & SGSUP and services provided were for SGSUP.

Approval Check if Account Signer email approval attached, if not, please obtain approval below.

Account Signer (Print)	Approval Signature	Date
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FOR REIMBURSEMENTS/PCARD PURCHASES:

- All original itemized receipts must be attached to this form. Use an additional sheet of 8.5 x 11" paper if necessary for small receipts.
- Please use tape, no staples. Do not tape over business name/dollar amounts as the tape fades printing.
- For reimbursements, if name is not typed on the receipt by the vendor: (1) copy of credit card statement with name and requested charges or (2) copy of credit card with all but the last 4 digits and name blacked out.
- For reimbursements, receipts greater than 60 days will be processed as a taxable reimbursement via payroll per FIN 420-01.
- Reimbursements over \$1,000 require additional approvals by the Dean or Director and the Provost office per FIN 420-01.

FOR PURCHASE ORDERS/INVOICE PAYMENTS:

- Please attach a copy of the invoice or quote to this form.
- If you have received an email request with ordering information, please forward the email to the business office with form.