



EXPENDITURE REQUEST

(This replaces both the Cash Disbursement Request and the Purchase Requisition)

Group or department name: _____ Date: _____

Preparer's name: _____ Preparer's signature: _____

Email address: _____ Phone number(s): _____

Advisor's name: _____ Advisor's signature: _____

Please charge it to:

Account number (kind of expenditure)	Fund number (agency or A.S. budget)
6 <input type="text"/>	<input type="text"/>

Department I.D. number (For your group or department)	Please fill out where applicable only	
4 <input type="text"/>	Class # <input type="text"/>	Project # <input type="text"/>

Amount requested: __ \$ _____

Check or P.O. to be made payable to:

Kind of transaction (please check which one you seek):

A Check for:

Name: _____

- Reimbursement: Requires original receipts
- Contract: Requires signed A.S. contract
- Payment: Requires original invoice
or other documentation
Three bids required for more than \$1,000
- Advance: Requires a Cash Advance Request Form
Must be within intent of budget
- A Purchase Order (Will need to close upon delivery)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Purpose of request:

Please: Mail in U.S. Mail Mail in Campus Mail Hold for pickup Other: _____

For Internal Use Only			
Vendor #	Purchase Order #	Processed by:	Reference #

FINAL DRAFT 6/30/3