**Date**: **School/Center Name:**

**Purchase Request / Reimbursement Form**

**Payment to a vendor or order request**

**Payee/Vendor Name:**

**Reimbursement to employee (if checked, please include both Name and ID Number)**

**Employee name:** **ASU ID:**

**Total Amount**: $ **Was this specifically approved in the budget? Yes No**

**Public Purpose/Justification (be specific) and brief description of item(s) being purchased**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Requestor’s Name** | **Phone No.** | **Signature** | **Date** |

**Approvals**

|  |  |
| --- | --- |
| **Required: Authorized Account Signer Name - PI if sponsored project (Print):** | **Signature Date:** |
| **Other Approver/Processed by Name (If Required):** | **Signature Date:** |
| **Account Number** | **Object/Sub-object (if needed)** |

* FOR FOOD PURCHASES- A Business Meals Form is used in place of this Reimbursement/Purchase Request Form and can be found at <http://www.asu.edu/fs/forms/business-meals-form.pdf>. Receipts must be itemized. Tips must not be more than 20%. Alcohol is unallowable on state and sponsored accounts and must be purchased on an itemized receipt separate from other food purchases. Proof of payment is also required.
* Itemized receipts and proof of payment are required for all reimbursement requests.
* Sponsored accounts: CAS and general purpose items require proof of allowability.
* All small receipts should be taped to an 8 ½” by 11” paper. (Do not tape over business name/dollar amounts as the tape fades printing.)