

Pcard Holder Initials:
 Pcard # (last 4 digits):
 Agency Org/Suborg:
 Object Code:
 Paymentnet date:

PURCHASE/REIMBURSEMENT REQUEST

Type of Request (Please select one):	Company/Vendor:
<input type="checkbox"/> Reimburse Attached Receipt <input type="checkbox"/> Pay Attached Invoice, Membership, etc. <input type="checkbox"/> Pcard transaction purchase request	Was this item specifically approved on your budget? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain)
A SUPERVISORS APPROVAL DOES NOT GUARANTEE THE REQUEST CAN BE COMPLETED. THE DEPARTMENT MUST COMPLY WITH UNIVERSITY POLICIES AND PROCEDURES.	Purchase approval: _____

Date:	Name:
ASU Affiliate ID# (for reimbursements only):	
Email:	Phone:

FOR REIMBURSEMENTS:

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

FOR INVOICE PAYMENTS:

- PLEASE ATTACH A COPY OF THE INVOICE OR ORDER FORM TO THIS FORM.

FOR PURCHASES:

- IF YOU HAVE RECEIVED AN EMAIL REQUEST WITH ORDERING INFORMATION, ATTACH IT TO THIS FORM
- PLEASE SELECT SHIPPING OPTION (OVERNIGHT/2-DAY/GROUND).

SUBTOTAL	
SALES TAX	
SHIPPING & HANDLING	
TOTAL	

BUSINESS/PUBLIC PURPOSE (BE SPECIFIC):

OFFICE USE ONLY:		
ORDER PLACED VIA (CIRCLE): PHONE INTERNET FAX ORDER PLACE BY: DATE ORDER PLACED:	SPOKE WITH: CONFIRMATION NUMBER:	BUDGET VERIFICATION INITIALS: DATE VERIFIED: ADVANTAGE DOCUMENT PROCESSED BY/DATE: ADVANTAGE DOCUMENT #:
Authorization Account Signer (Print & Sign Name):		Date: