

## Request for Purchase or Reimbursement Form

Fill out all applicable shaded areas

SUBMITTED BY:

CONTACT EMAIL:

DATE:

ACCOUNT: PGxxxxx / GRxxxxx / GFxxxxx:

FACULTY/PI/DEPT MANAGER

**BUSINESS PURPOSE:**

Please include what is purchased, how it supports ASU's mission, who will be using, timeline if not a one time purchase.

**LATE SUBMISSION EXPLANATION: Provide for all purchases made over 60 days ago**

Best practice is to submit reimbursement requests 7-30 days after purchases are made to ensure they are not paid as taxable income.

**FOR PURCHASES:** If vendor info is not included on quote

Company Name:

Contact Name:

Contact Email:

Street Address:

City, State, Zip:

Phone:

**FOR REIMBURSEMENTS:** Individual to be reimbursed

Name:

ASU ID:

1-When requesting a reimbursement amount less than the receipt total, circle each item on the receipt that adds up to the requested reimbursement amount.

2-Contact the account manager for assistance with purchases greater than \$999. Reimbursements over \$999 require dean and provost approval.

**A detailed listing or printout may be attached in lieu of completing lines- Indicate SEE ATTACHED**

QTY	Description/Item #	Unit Price	Subtotal
Notes:		<b>Total</b>	