

# PURCHASE/REIMBURSEMENT REQUEST

Arizona State University  
School of Life Sciences

OFFICE USE ONLY

Pcard # (last 4 digits)/LVPO #:

**FOR REIMBURSEMENTS:**

1. COMPLETE THIS SECTION ONLY
2. ATTACH ALL ORIGINAL RECEIPTS
3. SIGN BELOW

**Employee/Student**

Name:  
ASU ID#:  
PI or Mentor:  
Account/CLASS #:  
E-Mail/Phone:  
**TOTAL OF ALL ATTACHED RECEIPTS: \$**

**FOR VENDOR ORDERS:**

1. PLEASE FILL OUT EVERYTHING BELOW
2. ONE VENDOR PER FORM
3. SIGN BELOW

**Vendor**

Name:  
ID:  
Address/Phone/Fax:  
Web Page:

DATE	REQUESTED BY	PROFESSOR/ MENTOR NAME	ACCOUNT #	BLDG/ROOM	PHONE #	CLASS NUMBER

PURPOSE OF ITEMS REQUESTED:

SPECIAL INSTRUCTIONS:

CATALOG NUMBER	OBJECT CODE	QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE

Specify Shipping Preference: Overnight 2-Day Ground Pick-Up NEED BY DATE _____ (circle if a must and circle shipping preference)	SUBTOTAL SALES TAX SHIPPING & HANDLING OTHER TOTAL
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**Authorized Account Signer (Print & Sign Name):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\* ORDER WILL NOT BE PROCESSED WITHOUT AUTHORIZED SIGNATURE. QUESTIONS, PLEASE SEE AMY KUHN. \*\***

OFFICE USE ONLY:		
ORDER PLACED VIA (CIRCLE): PHONE    INTERNET    FAX  NAME:  DATE ORDER PLACED:  SPOKE WITH:	CONFIRMATION #:  SHIP DATE:  P-CARD LOG UPDATED:  AVAILABLE FUNDS VERIFIED:	SUSF VERIFICATION INITIALS:  DATE VERIFIED:  ADVANTAGE DOCUMENT PROCESSED BY/DATE:  ADVANTAGE DOCUMENT #: