

PLEASE ALLOW UP TO 48 HOURS: This processing is per ASU SOLS policy. Missing information, international vendors and/or new vendors may cause longer processing times.

1 Contact and account information	Prepared by _____	Preparator's contact info _____	Date _____
	Account holder / signer _____	Cost Center _____	Program / grant / gift _____
Public purpose _____		This request for: Reimbursement (steps 2 & 4) Vendor order (steps 3 & 4)	

2 Reimbursements section	1. Fill out the information for the party to be receiving reimbursement	Name _____
	2. Attach all original receipts	Email / Phone _____
	3. Food receipts must be accompanied by a business meals form	ASU ID _____
	4. Authorized account holder must sign at the bottom of form	Total value of all attached receipts \$ _____

3 Vendor orders						
Vendor name _____	Vendor contact _____	Special instructions _____				
Catalog #	Chemical Y N	Qty	Unit (ea/box)	Item description	Unit price	Total price

Shipping Preference	Ground	Overnight	2-day	Pickup	Building / room _____	Subtotal	_____
4 Account signature	_____ _____ _____ _____					Sales tax	_____
						Shipping & handling	_____
						Other	_____
						Total	_____
Date	_____						

Office Use only				Fund approval _____
Order placed via	_____			Confirmation: _____
SUNRISE	PHONE	INTERNET	FAX	SQ: _____
Name: _____	_____			Requisition #: _____
Date order placed _____	_____			PCRD: _____
Spoke with _____	_____			Payment post date: _____