

Company/person to be reimbursed or receive payment:		
Type of Request (Please select one):		
<input type="checkbox"/> Reimburse Attached Receipt(s)	<input type="checkbox"/> Pay Attached Invoice	<input type="checkbox"/> Completed Pcard Transaction
<input type="checkbox"/> Order Attached Items	<input type="checkbox"/>	<input type="checkbox"/>
Location of Event:	Event Date:	
BUSINESS(PUBLIC) PURPOSE (PLEASE EXPLAIN THE PUBLIC PURPOSE. IF ONLY ASU-EMPLOYED PERSONNEL ARE PRESENT AT THE MEAL, CLEARLY JUSTIFY WHY THIS EXPENDITURE IS APPROPRIATE. ATTACH AN AGENDA/PROGRAM WHEN AVAILABLE):		
Approved Budget:	Cost Center/Program:	Total Amount:

List of Attendees (Attach additional sheet if necessary):

ASU Faculty, Staff or Students		
Name	Department	Title
1.		
2.		
3.		
4.		
5.		
Other Attendees		
Name	Affiliation	Title
1.		
2.		
3.		
4.		
5.		

If a large group is present at an event and an attendee list is not available, state the approximate count of attendees and ASU department or affiliation.

No reimbursement for alcoholic purchases is allowed on university accounts. For reimbursements over \$40 per person, attach itemized receipts to the supplier invoice.

Required Certification – I certify that no reimbursement for alcoholic purchases is being sought.

Requester's Name	Phone No.	Signature	Date
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Required Approvals

Direct Inquiries To:	Signature	Date
Cost Center Manager Name:	Signature	Date
Dean or Director (if Required) Name:	Signature	Date
Other:	Signature	Date