

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 Completed	
<input type="checkbox"/> Order Attached Items	<input type="checkbox"/> Pcard Transaction	
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):		
Cost Center/Program:	Worktag:	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.

There are no reimbursements for alcoholic purchases on university accounts. Original itemized receipts are preferred for all meal purchases and required for meals exceeding \$75.00 a person.

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

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