



PURCHASE ORDER / CTU REIMBURSEMENT FORM

DR#: _____

VENDOR / EMPLOYEE
NAME _____

DATE: _____

VENDOR # / EMPLOYEE ID: _____

DATE	VENDOR	PURPOSE	AMOUNT (NO TAX)
Total			

SUBMITTED BY _____
ADMINISTRATOR
APPROVED _____

DATE _____

DATE _____

PROCESSED _____

DATE _____

BUDGET LINE: _____

☐ INV ☐ REQ ☐ PO ☐ RCT ☐ PK SLIP