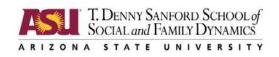
Purchase and Reimbursement Form



Signed.				Date:			
Please charge this to Account No							
l (PI Name)		a	uthorize this purchase/expense.			
		-					
Public Purpose/Technical Justification (how this relates to the project's scope of work):							
Description of Transaction/Items Purchased (Attach documentation such as receipts and/or quotes):							
*Reimbursements over \$1,000 require Dean and Provost Approvals							
Advantage Vendor ID/ASU Affiliate ID Total Dollar Amount*							
Vendor/Person to Reimburse							
Reimbursem	quested (Choose O ent for a Purchase er (Staples/Lab Suppli	(PV)	a.) 🔲 Business Mea	e Payment (PV) I/Food-Related Reimbursements (PV)** e a COMPLETED Business Meals Form			
Account No.		PIN	ame				
Phone No.			il Address				
Today's Date		Requestor's Name					

For Office Use Only

Cost Account Standards http://researchadmin.asu.edu/cas								
Is this purchase an exception to the CAS rules?								
Is there already a CAS Exemption on file?			☐ Yes	☐ No	Unknown			
Additional Justification for CAS Exempt Purchases								
Processed By		Dat	te:					
Expenditure Code (Object/Sub Object)								
Advantage Doc Number								
Reviewed By (RAS/Account Signer)								
Manager/Supervisor Approval								



Purchase and Reimbursement Form Instructions

Please complete all of the fields on page 1 of this form				
Today's Date	Enter today's date.			
Requestor's Name	Enter your name as the person requesting this action.			
Phone No.	Enter your office or contact phone number.			
Email Address	Enter your email address.			
Account No.	What is the charging account number?			
PI Name	Who is paying for this purchase?			
Transaction Requested	 Select the type of transaction you are requesting: Reimbursement – You purchased something and need to be paid back Vendor/Invoice Payment – You received an invoice and it needs to be paid Sunrise Orders – You want to order something (this signed form is required for approval prior to ordering) Business Meal Reimbursement – You provided food or a meal for a business purpose and need to be paid back. *A separate Business Meal Form is required* 			
Vendor/Person to Reimburse	Who are we paying or reimbursing for the expense?			
Advantage Vendor ID	What is their Vendor ID or ASU ID Number?			
Total Dollar Amount	How much are we paying on this transaction?			
Description of Transaction	What item(s) or service(s) was/were purchased?			
Public Purpose/Technical Justification	How will this item or service be used on the project?			
Certification	Please print your name, add the account number, sign and date.			