

AZPM EXPENSE CONTROL FORM

T#:

<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Check Request
<input type="checkbox"/> P-Card
<input type="checkbox"/> PO

Employee: _____ Purchase Date: _____

****If over \$1,000 Pre-Authorization Required**** Authorized By: _____

Vendor:

Name: _____		
Address: _____		
City: _____	State: _____	ZIP: _____
Contact: _____		Phone: _____
FAX: _____		Email: _____

Item Description	Qty	List Price	Amount	Account	Object-Code	Project-Sub Prjct*
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
			\$ -			
** Sales Tax						
Total Amount:			\$ -			

*Must be filled out or form will be returned

State purpose for purchase :----->

Transaction Type: Taxable Non-Taxable

Dept Approval: _____ Date: _____ B/O Approval: _____

Reconciled: _____ Date: _____

Billing Address: AZPM, P.O. Box 210067, Tucson, AZ 85721