

2023-24 GPSA-GRSP Award Expenditure/Payment Request Form

NOTE: AFTER OBTAINING REQUIRED APPROVALS AND SUBMITTING, PLEASE ALLOW 2 BUSINESS DAYS FOR PROCESSING

Requestor Name:

Contact Phone:

Approver Name:

Payment Type:

Date:

Cost Center:

Program:

Department Reporting Role:

Vendor/Employee Name: Vendor
Comments:

Affiliate ID (for reimbursements) :

***Examples would be address, contact, phone number for telephone orders, website for online orders, email address, etc. Not all submissions will require vendor comments.*

| Event and/or Item (s) Description | Quantity | Unit Price | Total |
|-----------------------------------|----------|------------|-------|
| | | | |
| | | | |
| | | | |

Description/Justification of Public/Business Purpose (use narrative from your application):

Shipping:
Tax:
Tip:
Total:

IMPORTANT INFORMATION:

**** Forward this completed form, receipts/ invoices, the budget summary provided with your application and GPSA Award Letter to grad-gpsa@asu.edu for processing. Please indicate if Graduate College is paying vendor directly, reimbursing requester (must provide ASU Affiliate ID for Expense Reimbursements) or if you are requesting funds to be issued as a grant. If a request is submitted without all the proper documentation it will delay your request.**