Graduate Education
REIMBURSEMENT REQUEST

**ALL FIELDS MUST BE COMPLETED**

Date: ______________  Submitted by: ___________________  Telephone: ______________

Account: ______________  Authorized Faculty/Staff: ___________________

Requestor: ____________________________________________

ASU ID#: ______________________________________________

Address if non-ASU Employee: _____________________________

City/State/Zip: __________________________________________

Telephone Number: ______________________________________

Business Purpose: _____________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

ITEMS PURCHASED

*** Must attach ORIGINAL receipts***

<table>
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<tr>
<th>VENDOR</th>
<th>DESCRIPTION</th>
<th>RECEIPT NUMBER</th>
<th>TOTAL COST</th>
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Total Reimbursement Requested: $__________

Expense Approved by (Professor’s Signature): ___________________________________________

Print Name  Signature  Date

Account Authorized Signer: _____________________________________________________________

Signature  Date

DO NOT USE THIS FORM FOR BUSINESS MEALS
USE AN ASU BUSINESS MEALS AND RELATED EXPENSES FORM

Revised 10/23/2015