

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 e issued as a grant. If a request is submitted without all the proper documentation it will delay your request.**