

**EXPENSE REQUEST FORM**

**SDES Finance Business Center**

Employee/Initiator Name	DATE:
Location	Phone #
Address	Expense Card      Requisition      Change Order Purchase Type:
Email	Reimbursement (not travel)

<u>DEPARTMENTAL BUDGET DETAILS</u>	
Cost Center #	
Legacy Department (People Soft #)	
Fund	
Program	
Gift (ID is the same as Foundation number)	
Division	

<u>Vendor Information</u>		
Supplier Name/Number		
Supplier Phone Number		
Supplier Email		
Supplier Address		
Has the supplier been added to WorkDay	Yes      No	If No, the supplier must go to the Prospective Supplier Portal
State Contract?	Yes      No      Don't Know	
State Contract number and Expiration Date		

**PURCHASE DETAILS**

Quantity	ITEM DESCRIPTION	PRICE	Product/SKU/UPC	TOTAL
<b>ORDER TOTAL</b>				

Quote Thresholds			
Under \$10k	\$10k-\$35k (2 informal quotes)	\$35-\$75k (3 formal quotes)	\$75k and up

BENEFIT TO UNIVERSITY
Justification of Purchase

**ASF Entities Only**

FAO or Bill#	
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Activity ID	
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Print Name

1st Authorized Signature

Print Name

2nd Authorized Signature

\*\*All necessary and required documents must be attached for timely and accurate processing\*\*