

<p><b>REIMBURSEMENTS: COMPLETE THIS SECTION &amp; SIGNATURE SECTION</b></p> <p><b>1. ORDERS/REIMBURSEMENTS WILL NOT BE PROCESSED WITHOUT AUTHORIZED SIGNATURE &amp; PUBLIC PURPOSE</b></p> <p>2. ATTACH ALL ORIGINAL RECEIPTS</p> <p>3. FOOD RECEIPTS MUST BE ACCOMPANIED BY A BUSINESS MEALS FORM</p> <p><b>4. SIGN BELOW</b></p>	<p style="text-align: right;"><b>Employee/Student Information</b></p> <p>Name: _____</p> <p>ASU ID#: _____ Account/CLASS #: _____</p> <p>E-Mail/Phone: _____ E-Mail/Phone: _____</p> <p>TOTAL VALUE OF ALL ATTACHED RECEIPTS: _____</p> <div style="border: 2px solid red; background-color: yellow; padding: 5px; margin-top: 10px;"> <p><b>*PUBLIC PURPOSE FOR REIMBURSEMENT:</b></p> </div>
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<p><b>VENDOR ORDERS: COMPLETE THESE STEPS &amp; SIGNATURE SECTION</b></p> <p><b>1. ORDERS/REIMBURSEMENTS WILL NOT BE PROCESSED WITHOUT AUTHORIZED SIGNATURE &amp; PUBLIC PURPOSE</b></p> <p>2. ATTACH ONE VENDOR ORDER PER FORM</p> <p><b>3. SIGN BELOW</b></p>	<p style="text-align: right;"><b>Vendor Information</b></p> <p>Name: _____</p> <p>Advantage ID (if known): _____</p> <p>Contact Info: (Address/Phone/Fax) _____</p> <p>Web address _____</p>
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DATE	REQUESTED BY	Professor/ Mentor Name	ACCOUNT #	BLDG/ROOM	ORDER CONTACT PHONE/EMAIL	CLASS NUMBER

**\*PUBLIC PURPOSE OF ITEMS REQUESTED:**

Special Instructions:

CATALOG NUMBER	CHEMICAL Y N	QTY	UNIT (EA/BOX)	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE

**Specify Shipping Preference** (standard ground will be applied if no preference is selected):

Overnight  2- Day  Ground  Pick Up

**NEED BY DATE:** \_\_\_\_\_  
(Delivery date only, ex. 1/1/11) Please do NOT use ASAP

**Special Instructions:** \_\_\_\_\_

	Subtotal	
	Sales Tax	
	Shipping & handling	
	Other	
	Total	

**Authorized Account Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>OFFICE USE ONLY:</b></p> <p><b>Order Placed Via (circle one):</b></p> <p>SUNRISE    PHONE    INTERNET    FAX</p> <p>NAME: _____</p> <p>DATE ORDER PLACED: _____</p> <p>SPOKE WITH: _____</p>	<p><b>Confirmation # (circle one):</b></p> <p>SQ: _____</p> <p>PO/ PC/ SC/ LVPO5M: _____</p> <p>PCRD: _____</p> <p>PAYMENTNET Post Date: _____</p>	<p><b>FUND APPROVAL:</b></p> <p>DATE: _____</p>
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