

REQUEST FOR PURCHASE/REIMBURSEMENT



Vendor Name & Address

Vendor #: _____

Account #: _____

Department: _____

TRANSACTION TYPE

Reimburse/Pay (items already purchased)

Attach completed **Special Programming** Form for performers/presenters.

Attach any applicable receipts or paid invoices **SIGNED by both the employee & supervisor.**

Order & Pay

Attach specifics on which items to purchase. Include printouts of images & websites for items.

Program Number	Description 1		Description 2					Qty.	Unit Price	Encumbrance
	Date	Item & Supplier	Expense	Program Library Only	Program Outreach Only	Age	Shared			
Total										

AUTHORIZED SIGNATURE

DATE

BUSINESS OFFICE USE ONLY

REQUEST FOR REIMBURSEMENT

Reimburse Paid By (initial): _____ Date: _____

REQUEST FOR PURCHASE

Purchase Order No. _____