

## Request for Payment • Purchase Order • Personal Expense Reimbursement

Name:		Date:		<b>Vendor Information (or personal information of requesting reimbursement)</b>					
Transaction Requested (check one only): <input type="checkbox"/> Payment to Company <input type="checkbox"/> Purchase Order <input type="checkbox"/> Personal Expense Reimbursement				Name of Vendor:					
				Vendor Address:					
Account to be Charged for this Purchase (check one only): <input type="checkbox"/> General Fund <input type="checkbox"/> Athletics <input type="checkbox"/> Internal				Vendor City:		State:		Zip:	
				Vendor Phone/Fax:			Vendor Email:		
Account Name & Number:					<b>Personal Expense Reimbursement Only</b> (All receipts must be attached)				
<b>List Materials for Purchase (attach additional sheets if necessary)</b>									
Item #	Quantity	Description/Event	Unit Price	Total	Date	Miles	Miles x Mileage Rate (\$0.67)*	Meals/Other (explain)	
<b>Shipping</b>					<b>Sub Total</b>				
<b>Total</b>					<b>Grand Total</b> (mileage meals/other)				
<b>REQUIRED SIGNATURES</b>									
Staff:			Date:		Coach/Sponsor:			Date:	
Principal/Athletic Director:			Date:		Executive Director of Finance:			Date:	

Note: \*IRS sets mileage rates January 1 each year. Check employment contract for specific information regarding mileage reimbursement.