

Request for Payment • Purchase Order • Personal Expense Reimbursement

Name:		Date:		Vendor Information (or <u>personal information</u> of requesting reimbursement)				
Transaction Requested (check one only): ☐ Payment to Company ☐ Purchase Order ☐ Personal Expense Reimbursement				Name of Vendor:				
				Vendor Address:				
Account to be Charged for this Purchase (check one only): ☐ General Fund ☐ Athletics ☐ Internal				Vendor City:		State:	Zip:	
				Vendor Phone/Fax:		Vendor Email:		
Account Name & Number:					Personal Expense Reimbursement Only (All receipts must be attached)			
List Materials for Purchase (attach additional sheets if necessary)								
Item #	Quantity	Description/Event	Unit Price	Total	Date	Miles	Miles x Mileage Rate (\$0.76)*	Meals/Other (explain)
Shipping					Sub Total			
Total					Grand Total (mileage meals/other)			
REQUIRED SIGNATURES								
Staff:			Date:		Coach/Sponsor:			Date:
Principal/Athletic Director:			Date:		Executive Director of Finance:			Date: