

SSEBE REIMBURSEMENT REQUEST FORM

DATE: _____ **ASU EMAIL** _____

NAME: _____

**TELEPHONE
NO.** _____

**COST CENTER
& ACCOUNT
NO.:** _____

**FACULTY
AUTHORIZING:** _____

Public purpose or Research Purpose for the items:

CAS Exception?

PER ASU POLICY - ALL REIMBURSEMENTS MUST BE UNDER \$1,000.00 PER FORM/TRANSACTION(S). NO EXCEPTIONS.

Purchase Date	Description (i.e., supplier, items purchased)	Total Cost

Total Reimbursement: _____

FOR MEAL REIMBURSEMENTS:

Attach a completed "Business Meals & Related Expenses" Form
I hereby certify that no charges for Alcoholic Beverages are included in this request for reimbursement.

Requestors Signature: _____

FACULTY APPROVAL: _____ **DATE** _____

ACCOUNT SIGNER APPROVAL: _____