

EXPENSE REQUEST FORM
SDES Finance Business Center

Employee/Initiator Name
and
Organization Name (RSO)

Date

Location

Phone #

Address
City/St/Zip

Purchase Type:

Expense Card

Requisition

Change Order

Email

Reimbursement (not travel)

DEPARTMENTAL BUDGET DETAILS

Cost Center #

Legacy Department (People Soft #)

Fund

Program

Gift (ID is the same as Foundation number)

Division

SUPPLIER INFORMATION

Supplier Name/Number

Supplier Phone Number

Supplier Email

Supplier Address

Has the supplier been added to WorkDay?

Yes

No

If No, the supplier must go to the Prospective Supplier Portal

State Contract?

Yes

No

Don't Know

State Contract Number and Expiration Date

PURCHASE DETAILS				
Item Description	Product/SKU/UPC	Quantity	Price	Total
ORDER TOTAL				

QUOTE THRESHOLD

Under \$10k

\$10,000.01-\$35k (2 informal quotes)

\$35,000.01-\$75k (3 formal quotes)

\$75,000.01k and up
(Requires formal bid process)

Exemption

Sole Source

Invitational to Bid (ITB)

Quote 1 - Supplier Name

Quote 2 - Supplier Name

Quote 3 - Supplier Name

Quote Amount

Quote Amount

Quote Amount

BENEFIT TO UNIVERSITY OR STUDENT BODY

JUSTIFICATION OF PURCHASE

ASF Entities Only

FAO or Senate Bill #

Activity ID

Budget Line #

Event Date

Event Location

Print Name

1st Authorized Signature

Print Name

2nd Authorized Signature

Advisor Name

Advisor Signature

****All necessary and required documents must be attached for timely and accurate processing****