

EXPENSE REQUEST FORM
SDES Finance Business Center

Employee/Initiator Name and Organization Name (RSO)	Date
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Location	Phone #
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Address City/St/Zip	Purchase Type:	Expense Card	Requisition	Change Order
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Email	Reimbursement (not travel)
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DEPARTMENTAL BUDGET DETAILS		SUPPLIER INFORMATION	
Cost Center #		Supplier Name/Number	
Legacy Department (People Soft #)		Supplier Phone Number	
Fund		Supplier Email	
Program		Supplier Address	
Gift (ID is the same as Foundation number)		Has the supplier been added to WorkDay?	Yes No If No, the supplier must go to the Prospective Supplier Portal
Division		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 <small>(Requires formal bid process)</small>
Exemption	Sole Source	Invitational to Bid (ITB)	

Quote 1 - Supplier Name	Quote Amount
Quote 2 - Supplier Name	Quote Amount
Quote 3 - Supplier Name	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****