

EXPENSE REQUEST FORM
SDES Finance Business Center

Employee/Initiator Name and Organization Name (RSO)		Date	
Location		Phone #	
Address	Purchase Type:	Expense Card	Requisition
City/St/Zip			Change Order
Email		Reimbursement (not travel)	

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
Division		State Contract?	Yes	No
		State Contract Number and Expiration Date	Don't Know	If No, the supplier must go to the Prospective Supplier Portal

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****