

**EXPENSE REQUEST FORM**  
SSWB 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		SUPPLIER INFORMATION		
Cost Center #		Supplier Name/Number		
Spend Category		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
<b>ORDER TOTAL</b>				

QUOTE THRESHOLD			
Under \$25k	\$25,000.01-\$75k (2 informal quotes)	\$75,000.01-\$150k (3 formal quotes)	\$150,000.01k 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\*\***