Cheyney University of Pennsylvania

(For Accounting Office Use Only)

Purchase Request No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purchase Order No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FY 2016/2017 Expense Request**

**Contingent Upon V.P., Finance & Administration’s Approval**

*(Fill Out Completely Or Form Will Be Returned)*

Date Prepared: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Justification (Be Thorough)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Qty | Unit | Prod Type | Description | Unit Cost | Total Amount | SAP Cost Center  SAP GL Acct |
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Please specify: Direct Pay (not entered in SAP) \_\_\_\_\_\_\_\_\_\_\_\_

Entered in SAP (vendor will submit invoice) REQ#\_\_\_\_\_\_\_\_\_\_\_\_

**Approval**

Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name) (Signature) (Date)

Supervisor/VP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name) (Signature) (Date)

**Approved**

President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(or designee) (Print Name) (Signature) (Date)

**Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

James S. Dillon (Print Name) (Signature) (Date)