

FY 2019/2020 Expense Request
(Please complete all sections of this form)

Date Prepared: _____ Department: _____ x _____

Vendor Name: _____ Street Address: _____

Telephone # _____ City/State/Zip _____

Justification (Be Thorough): _____

Qty	Unit	Description	Unit Cost	Total Amount	SAP Cost Center SAP GL Acct
		Total			

Entered in SAP (vendor will submit invoice) REQ# _____
 Please attach proper supporting documents (quote, scope of work, etc.)

APPROVAL

Requestor:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Supervisor:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Grant Manager:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Accounting:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Finance & Admin.:	_____	_____	_____
	(Print Name)	(Signature)	(Date)