

**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**

SGA:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
SGA:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Supervisor:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Accounting:	_____	_____	_____
	(Print Name)	(Signature)	(Date)
Finance & Admin.:	_____	_____	_____
	(Print Name)	(Signature)	(Date)