

Education REIMBURSEMENTS * OFFICE SUPPLY ORDERS *** BLUCARD PURCHASE**

*Use this form to request reimbursements for misc expenses (books purchased, copy costs, etc),
to order office supplies, or to request a blucard purchase.*

This form should NOT be used: for Travel or Entertainment expenses; or to request payment for services.

Payee Name: _____	Requested Vendor: _____
Payee Phone: _____	Vendor Address: _____
Payee Email: _____	
Request Date: _____	Vendor Phone: _____
Requested Due Date: _____	Vendor E-mail: _____
Preferred Method of Shipment: _____	Vendor Fax: _____
	Salesperson: _____

Provide appropriate Payee ID info: Employee ID; Student ID; Tax ID.	
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Type of Expense:	Office Supply Order []	BluCard Order Request []	Memberships []
	Subscriptions []	Registration []	Computer Supplies []
	Copy Costs []	Books Purchased []	Other [], Please Specify:

Business Purpose of Item(s) to be Purchased or Reimbursed:

Attach quotes, as well as any supporting documentation that will aid BSO in placing your order.
Fields below with ***--*** will calculate automatically.

	Quantity	Unit Cost	*Total Cost*
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

Purchase Certification UNAUTHORIZED PURCHASES Responsibility - An individual who has not been delegated purchasing authority who makes an unauthorized purchase of goods or services shall be responsible for payment of the charges incurred. At the discretion of the Chancellor or Laboratory Director: 1. The unauthorized individual shall be required to pay either the full amount whenever the purchase is found to cover unneeded items or items whose purchase would not otherwise be authorized and the transaction cannot be canceled, or the amount of any cancellation charges incurred when cancellation can be arranged. 2. The unauthorized individual shall be required to pay only the difference between the charges such individual incurred and those the University would be reasonably expected to have incurred whenever the purchase is otherwise found to have been proper.	*Subtotal*:	
	S&H (if applicable):	\$ -
	Sales Tax (@9.25%):	\$ -
	GRAND TOTAL:	\$ -

Account Name/Fund Source: _____

Approval Signature: _____ Date: _____

GSE Authorized Signature (Dean's Office or BSO): _____ Date: _____

Complete info below if preparer is not payee

Preparer Name: _____ Preparer Phone: _____

Preparer Email: _____