OFFICE SUPPLIES REQUEST FORM

Date:	
Requested by:	
Department:	
Vendor:	
PO #	

_____ Request direct bill for this purchase

_____ Request credit card authorization for this purchase

_____ Request reimbursement for this purchase

NOTE: Do not include personal items on receipt for reimbursement. Reimbursable expenses only.

QUANTITY	ITEM	TOTAL
	TOTAL	

_____ Approved for Direct Bill
_____ Approved for Credit Card
_____ Approved for Reimbursement

Employee Signature:_____ Date:_____

Director's Signature:_____ Date:_____