

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: _____