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COMPANY NAME _____
 ADDRESS _____
 CITY/STATE/ZIP CODE _____

DATE _____

QUANTITY	DESCRIPTION	UNIT COST	TOTAL COST
			\$
<p style="text-align: center;">Requested By: _____</p> <p style="text-align: center;">Chair or Vice-Chair (2 signatures required only if over \$1,001.00)</p>		<p>APPROVED FOR PAYMENT: I hereby certify that the articles or services specified in this claim are necessary; that the articles have been delivered or the services have been performed by the vendor.</p> <p style="text-align: center;">Budget Center Manager</p>	<p>SUB-TOTAL \$</p> <p>SALE TAX</p> <p>SHIPPING</p> <p>TOTAL \$</p>

FUND	ACTIVITY	PROGRAM	OBJECT OF EXPENDITURE	BUDGET CENTER/LOC	AMOUNT
;;	: : : : : :	: : : :	: : : : :	: : : :	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$
_____	_____	_____	_____	_____	\$

(For Business & Finance Office Use Only)

APPROVED:

VERIFIED BY:
