

REIMBURSEMENT REQUEST FORM

*Complete this form to request reimbursement for Purchase Orders (PO) that have been issued by the Business Office.
Submit form to the ASU at asu@lavc.edu*

Event Name: _____		Purchase Order Number: _____	
Event Date: _____		Purchase Order Name: _____	
		PO Total: _____	
PAYABLE TO:		Phone:	
ADDRESS:			
<i>Indicate which of the following applies to your reimbursement request:</i> ☐ Paid PO with Credit Card (must provide bank statement) ☐ Paid PO with Cash ☐ Paid PO with ASU Credit Card		GL ITEM (food, supplies, etc.)	Sub Total
		Grand Total	
Dr. Elizabeth Negrete, Dean: _____ Date: _____			

Documents Attachment Checklist:

- ☐ Original Signed Itemized Receipts
- ☐ Bank Statement (only if applicable)

Form Completed By:

Requestor Name: _____

Requestor Signature: _____

Date: _____