Expenditure Request Form

Category: _____

REQ.# _____ **DATE:** _____

P.O.# _____ **DATE:** _____

DATE REQUESTED:	ACCOUNT# CTR#	TOTAL	Project Title
PREPARED BY:	___-___-_____-_____-_____	$	
PHONE EXT: RM#:	___-___-_____-_____-_____	$	
NEED BY:	___-___-_____-_____-_____	$	

MODE OF SHIPMENT:

GROUND	OVERNITE	2nd DAY

NOTE: UPSRoutine 4-6 Working Days

AUTHORIZED BY: _____ **DATE:** _____

RECEIVED BY: _____ **DATE:** _____

VENDOR NAME:	PHONE NUMBER
VENDOR ADDRESS:	FAX NUMBER
	CONFIRMED WITH
CITY/STATE: ZIP:	DELIVERY STATUS

ITEM	QTY	UNIT SIZE	CAT. NO.	DESCRIPTION	UNIT PRICE	DISC	TOTAL PRICE
				Sub-total $			
				Shipping			

COMMENTS

Grand Total $