

SDFC Expenditure Authorization Form

Purchaser: _____

Date: _____

Program Area: _____

Account # _____

Sub Org : _____

Expenditure Code _____

Cost of Sales?: YES NO
Highlight or Circle Appropriate Field

(Business Office Use Only)

Quantity	Unit Cost	Total Item Cost	Description of Item
		\$	
		\$	
		\$	
		\$	
Total		\$	
Sales Tax		\$	
Shipping		\$	
Grand Total		\$	

Vendor Name: _____

Affiliate ID (For Reimbursement Only): _____

Vendor Address: _____

Vendor Phone #: _____

Supervisor Approval : _____ Date: _____

Ex. Director Approval: _____ Date: _____

(\$1,000 or more)

VP Approval: _____ Date: _____

(\$5,000 or more)

Payment Type

Pcard PVQ Refund SunRise (Staples)

PV Invoice/ Reimbursement PO (on Campus) Direct Charge

Attachments

Pcard Delegation of Use form Business Meal Form Invoice

Paid Itemized Receipts Attendance List Other Documents

Business Office Approval : _____ Date _____

Public Disclosure Statement (reason for purchase need-how does/will the University and public benefit from purchase):

Vendor Address doesn't need to be completed if the purchase receipt contains the information.