SPORT CLUB PURCHASE REQUEST or REIMBURSEMENT FORM

Attach All Relevant Documentation

Requester: ___________________________ Date: ___________________________

Program Area: SPORT CLUBS Name of Club: ___________________________

Account #: SDS ALLOCATIONS--CN5 1009 Category: ___________________________

REQUEST TO PURCHASE YES NO or REIMBURSEMENT YES NO

(Required) Circle Appropriate Field

If reimbursing, list each receipt in area below. If purchasing, list items and approximate cost in area below.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit of Measure</th>
<th>Estimate Cost</th>
<th>Description of Item</th>
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</table>

Total

Sales Tax _______________________ Shipping _______________________

Grand Total _______________________

Vendor Name or Person Being Reimbursed: ___________________________

ASU Affiliate #: ___________________ or Social Security #/Federal TAX ID#

Has Vendor or person being reimbursed filled out a Substitute W-9 form within the last year? YES NO

Address: ___________________________ Phone #: ___________________________

____________________________________ Fax #: ___________________________

____________________________________ Club Affiliation: _______________________

Approval Signature: ___________________________ Date _______________________

Campus Recreation Professional Staff Only

Payment Type

Please Check Appropriate Box

Credit Card [ ]
PV Direct Vendor Payment [ ]

Order # ___________________________

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

____________________________________

____________________________________

____________________________________

last updated: 8/2/2012