| Purchase/Reimbursement Request | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Staff/Vendor Information | | |
| Requestor Name: | | |
| Event Name/Date: | | |
| Date of Request: | | |
| Payment Due Date: | | |
| | | |
| Date | Description | TOTAL |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Grand Total |
| | | |
| | | |
| Notes | | Approved by |
| Payee Information | | |
| Name: | | |
| Address: | No | |
| Mail Check: Yes | No | |
| For Office Use Only | | |
| Budgeted Items : For a release of funds. A the funds and the che be submitted within 6 | I requests for purchases in which PASS will fund go through the foll items that were included in the annual budget the requestor will su general estimate and description can be used. Upon receipt of this eck will be distributed accordingly. Upon using the distributed funds 0 days of the release of funds with a copy of this form. | Ibmit this form requesting form PASS will vote to release PASS requires that all receipts |
| <u>Reimbursements</u> : If PASS approves reimbursement of an event and/or items the requestor must submit this form and | | |

attach all receipts that were used for the approved purchase. Reciepts that total above the approved amount will not be reimbursed.