



ARIZONA STATE UNIVERSITY

Office of the University Provost
Expenditure/Payment Request Form

NOTE: AFTER OBTAINING REQUIRED SIGNATURES, PLEASE ALLOW 2 WORKING DAYS FOR PROCESSING.

Campus: Payment Type: Today's Date:

Contact Name: Contact Phone:

Department:

Agency: Org: Sub-Org:

Vendor Name: Vendor Code/Affiliate ID:

**If this is a new vendor, please attach a completed Substitute W-9 form. Enter Vendor comments if applicable. Examples would be address, contact, phone number for telephone orders, website for online orders, email address, etc. Not all submissions will require vendor comments.

Vendor Comments:

Table with 5 columns: Object/Sub-Object, Program/Event and/or Item(s) Description, Quantity, Unit Price, Total

Description/Justification of Public/Business Purpose: Shipping Tax Tip Total

REQUIRED AUTHORIZATIONS AND/OR SIGNATURES

Requested By: (Print Name) Signature: [Signature Box]

Authorized By: (Print Name) Signature: [Signature Box]

Authorized By: Office of the University Provost Business Office (Print Name) Signature: [Signature Box]