

EXPENDITURE REQUEST and/or APPROVAL

Electronic/fillable form available at:

http://business.oregonstate.edu/sites/default/files/FS_expenditurereimbursement.pdf

NAME _____

DATE _____

AMOUNT OF EXPENDITURE _____

DESCRIPTION:

PURPOSE:

BUDGET AUTHORITY COMMENTS:

FUNDING SOURCE _____

_____ Paid directly and need reimbursement
Attach ITEMIZED receipt

_____ College pays directly

APPROVAL SIGNATURES:

Departmental Budget Authority

Routing:

1. Budget Authority
2. Tara DiSante 310 Bexell or Katherine Ferguson 308 Bexell