PURCHASE REIMBURSEMENT

Miscellaneous small or emergency purchases done by Employee as self have to be <u>requested</u> and <u>approved</u> by supervisor in advance.

It can only be approved if the goods and services to be purchased cannot be obtained from one of the following:

- An on-campus vendor (service center), e.g., University Stores.
- An off-campus vendor using standard purchasing procedures (through the VCEA Dean's Office Purchasing Department).

Prepare a State of Washington Invoice Voucher (see BPPM 30.45): SUPPLIER OR CLAIMANT: Indicate the name, home address, and WSU ID number of the employee purchaser

DESCRIPTION/QUANT/AMOUNT: Itemize the product or service purchased Include a <u>detailed description</u> of the circumstances that required the use of this exceptional procedure

SUPPLIER'S CERTIFICATION: Obtain the employee's signature AUTHORIZED SIGNATURE: Obtain an authorized signature (dean/director/chair, area finance administrator, expenditure authority, or a responsible administrator)

If the expenditure is supported by an account in function FN057, include appropriate justification and approval (see BPPM 70.33).

Attach the receipt or other record indicating that the employee paid the supplier.

Submit the documents in Workday through the Expense Report Task

— Create Expense Report (Note: Use "Confirming Reimbursement" in the Expense Item field).

					PORCIDAS	E ORDER NO. / S		
	TATE UNIVERSITY	Y 365						
VCEA Dean's Office			Submit this	form to claim	payment	R CLAIMANT for materials, n	nerchandise	. or services.
DEPARTMENT ADDRESS	MAIL CODE		Show comp	lete detail for	each item	1.		
DEPARTMENTAL CONTACT								1 totale listed
			hereir	are proper o	harges fo	of perjury that tr or materials, me oe state of Wasi	re items and rchandise, d	or services
SUPPLIER	R OR CLAIMANT				_	NO If no, in		
						Vashington emplo		300000000000000000000000000000000000000
ADDRESS				plier/Claimant				
CITY/STATE/ZIP CODE			- I Sup	priet/Cialmant	s Signatu	ne at ink) (III	LE	
VSU SUPPLIER ID			Х					
SOCIAL SECURITY NO. OR EMPLOYE	R TAXPAYER ID NO. (NON-	-WSU INDIVIDUAL)	specified of payment for to Section	se an individual ircumstances. V om WSU disclo	refuses to VSU is requese social semal Rever	deny any right, b disclose their so uiring that non-W ecurity number or nue Code. When urposes only.	icial security r SU individuals r employer ID	number except in s requesting (EIN) pursuant
DATE	DESCRIPT	TION		QUANT	UNIT	UNIT PRICE	A	MOUNT
						The state of the s	THE RESERVE OF THE PERSON NAMED IN	
ANNONES AND THE PROPERTY AND THE PROPERT					500 M			
						TOTAL		0.00
						TOTAL		0.00
EPARTMENT:	ALITHYSPITE SUSANTI	DE CONTRACTOR DE		DATE			E) NAME	0.00
lease sign and enter the	AU <u>UUNO</u> BUZED SIONATU	RE		DATE		TOTAL	ED NAME	0.00
lease sign and enter the	x			DATE				
lease sign and enter the ppropriate account code.	X	ACCOUNT CODE				TYPED/PRINTE	COMP. TAX	NET INVOICE
lease sign and enter the ppropriate account code.	x		FUNO F		STEDORY			
ppropriate account code.	X	ACCOUNT CODE	FUND F		QPEND Y	TYPED/PRINTE	COMP. TAX	NET INVOICE
lease sign and enter the ppropriate account code.	X	ACCOUNT CODE	FUND F		TESav.	TYPED/PRINTE	COMP. TAX	NET INVOICE