**OFFICE SUPPLIES REQUEST FORM**

|  |  |
| --- | --- |
| **Date:** |  |
| **Requested by:** |  |
| **Department:** |  |
| **Vendor:** |  |
| **PO #** |  |

\_\_\_\_\_\_ Request direct bill for this purchase

\_\_\_\_\_\_ Request credit card authorization for this purchase

\_\_\_\_\_\_ Request reimbursement for this purchase

**NOTE:** Do not include personal items on receipt for reimbursement. Reimbursable expenses only.

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| **QUANTITY** | **ITEM** | **TOTAL** |
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|  | **TOTAL** |  |

\_\_\_\_\_\_ Approved for Direct Bill

\_\_\_\_\_\_ Approved for Credit Card

\_\_\_\_\_\_ Approved for Reimbursement

Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Director’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_