Today's Date: _____ A&S Expense Justification Form Account Name: ____ Organization/Program SmartTag: _____Expense Line: ____ nformation Account Manger's Name **Account Manager's Signature** Phone Number: ______ FAU Email:_____ FAU Address (if purchase will be delivered): _____ Event Name (if applicable): ______ Event Date (if applicable): ______ Purpose of Purchase: _____ **Purchase Information** Benefit of Purchase to FAU: _____ Travel Related? Yes No *If yes, you must first complete a Student Notification to Travel Form before you complete this form. Type of Purchase: General Merchandise, Off Campus Food Vendor, Promotional items, Printed items, Performers, Speakers, Equipment Rental, or Office supplies On Campus Food Vendor Technology (software, computers, monitors) FAU Trademark Business Cards, Stationary, or Name Badge Online/Pcard Purchase, Pcard Holder: ______ Email:______ Email:_____ On campus Department (Student Union, Campus Rec, Parking Services, Business Services, OIT) Travel Reimbursement (Staff only) Purchase Amount: ____ **Authorizing** Advisor: ______ Signature: ______ Date: _____ >= \$1000 Director: ______ Date: ______ >=\$3000 AVP: ______ Date: _____