

Today's Date: _____ **A&S Expense Justification Form**

Organization/Program Information	Account Name: _____
	Tag: _____ Expense Line: _____
	Initiator: _____
	Phone Number and Email(s): _____
	FAU Address (if purchase will be delivered): _____

Purchase Information	Event Name (if applicable): _____ Event Date (if applicable): _____
	Vendor Name: _____
	Purpose of Purchase: _____
	Travel Related? Yes No
	*If yes, first complete a Student Notification to Travel Form :
	Benefit of Purchase to FAU: _____
	Type of Purchase:
	General Merchandise (food non-blanket, initial blanket purchase order set up, promotional items, printed items, performers or equipment)
	Existing Blanket PO
	Office Depot/Staples
Purchase Card, Name on pCard: _____ Email: _____	
On campus Department (Student Union, Campus Rec, Parking Services, Business Services, OIT)	
Travel Reimbursement	
Purchase Amount: _____	

Authorizing Signatures	Acct. Manager: _____ Signature: _____ Date: _____
	Advisor: _____ Signature: _____ Date: _____
	For Transactions >= \$1000 (Director and Acct. Manager cannot be the same person)
	Director: _____ Signature: _____ Date: _____

Updated 7/24/18

*Download and Save to Electronically sign

ASAB Approval	
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