

# Pacific Union College - A/P Requisition

## PART 1: PROCESSING INSTRUCTIONS

**CHECK ONE and complete PART 2 below:**

- Pay Attached Invoice \* *One invoice per requisition form* \*
- Misc. NON-TRAVEL Reimbursement *(Attach original receipt(s) showing payment method, mounted on 8 1/2 x 11 paper)*
- Purchase Order -- Date needed: \_\_\_\_\_  
*(Submit copy of approved req. with invoice once items received)*
- Labor Services – (SS# \_\_\_\_\_)
- AUTHORIZATION ONLY - Attached Quote  
*(will be returned to Dept. upon authorization)*
- AUTHORIZATION for Credit Card Purchase  
*(submit this form with credit card reimbursement documentation)*

OFFICE USE ONLY:

PO#

Submitted By: \_\_\_\_\_ Dept. \_\_\_\_\_ Ext. \_\_\_\_\_ Date: \_\_\_\_\_

## PART 2: PAYMENT INSTRUCTIONS

Payable To: \_\_\_\_\_ Vendor ID or PUC ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**HOLD CK FOR PICK-UP**      **Notes:** \_\_\_\_\_

Qty.	Description	Unit Price	Extended Amount	GL# (15 digits) ie. 00-00000-00-000000	SP	SPD

**TOTAL:** \_\_\_\_\_

SP-Check if special/restricted funds are being used  
SPD-Enter the special fund depart. number ie. 00000

### AUTHORIZING SIGNATURES:

I certify by my signature that authorized funds are available in the account; that the merchandise or service requested is for bona fide business purposes of the account charged; and that no other like item is available in the department for this project.	Date
Authorized Departmental Signature <small>(up to \$500)</small>	
Associate Vice-President Authorization <small>(over \$500 up to \$1,500 and all equipment)</small>	
Vice-President Authorization <small>(over \$1,500 up to \$2,500 and all equipment)</small>	
VP Financial Administration or Authorized Designee <small>(over \$2,500)</small>	
<b>Employee Reimbursement:</b> I certify by my signature that all the expenses reported above represent actual out-of-pocket expenses personally incurred.	