UCCSSignatureCOErgb

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | |  | | | | | | | |  | | |
| **Requestor Name:** | | |  | | | | | | | | | |
| **Phone Number:** | | |  | | | | | | | | | |
| **Email:** | | |  | | | | | | | | | |
| **Mailing Address:** | | | |  | | | | | | | | |
| **(For Non-employee Reimbursement Only)** | | | |  | | | | | | | | |
| **Amount of Request:** | | | |  | | | | | | | **SpeedType:** |  |
|  | | | | | |  | | | **(Number or Name)** | | | |
| **Select One:** | | | | | | | | | **Payee(s):** | | | |
| New Purchase | | | | | | | | |  | | | |
| Reimbursement | | | | | | | | |  | | | |
|  | | | | | | | | |  | | | |
|  | | | | | | | | | (ex. Self-reimbursement, AERA, Amazon, Staples) | | | |
| **Description of Purchase:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | This procurement is consistent and justifiable with the goals of the College of Education and in compliance with University Policy. | | | | | | | | | | | |
|  | I have checked my current Financial Summary/Professional Development and have available funds for this procurement or reimbursement. | | | | | | | | | | | |
| **Requestor’s Signature:** | | | | | | |  | | | | | |
| **Department Chair’s Signature:** | | | | | | | |  | | | | |
| **Dean’s Signature:** | | | | |  | | | | | | | |
| (Only required for amounts greater than $2,500) | | | | | | | | | | | | |

**Expenditure Pre-Approval Form**