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| --- | --- | --- |
| **Date:** |  |  |
| **Requestor Name:** |  |
| **Phone Number:**  |  |
| **Email:** |  |
| **Mailing Address:**  |  |
| **(For Non-employeeReimbursement 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**