

## **Request for Scholar Expense Pre-Approval**

(for non-travel expenses to be filled before purchase)

Name:		Quarter:			
Perm:		Registered Units:			
Item	Reason for Request		No. of Items	Cost per Item	Total Cost
				Grand Total:	
Important:					
All items <i>must</i> be approved before	any purchase can be made, wit	th no exceptions.			
Remember to provide itemized rec	ceipt in order to receive reimbu	rsement.			
*Be sure to include sales tax and sa	hipping/handling charges, if app	olicable.			
	eceipt, and request reimburseme form. I, certify that the above by University Policy.				eceipts for
Student Signature		Date			
FOR OFFICE USE ONLY		Funding Source:			
Item Request: Approved	☐ Denied ☐ Incomplete	Research - \$	\$150 <u> </u>	Transcript – Sr.	\$300
Reason: Membership - \$100 Transcript – Jr. \$150				\$150	
		Current Balance:			
	 	Amount Approved:			
Associate Director Signature	<u>Final Balance:</u>				