

NAME:	PROGRAM:
Phone #:	POSITION:

- ALL PURCHASES THAT WILL EXCEED YOUR BUDGETED AMOUNT MUST HAVE PRIOR APPROVAL FROM OSC BOARD.
- ALL RECEIPTS MUST BE ATTACHED TO THE REPORT.
- ACCOUNTANT HAS THREE DAYS TO REVIEW RECEIPTS BEFORE REIMBURSEMENT

VENDOR NAME	DESCRIPTION OF ITEMS	TOTAL COST
TOTAL AMOUNT		

Purchaser Signature

Date Turned in

Print Name

ACCOUNTANT USE ONLY

		CHECK #	
_____ ACCOUNTANT SIGNATURE	_____ DATE	TOTAL OF CHECK	
_____ PURCHASER SIGNATURE	_____ DATE	Budget Line #	
BY SIGNING THIS YOU ACKNOWLEDGE RECEIVING PAYMENT			