



**Section one: General information**

Service provider name: \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

To be completed by ASU official: Explain the public purpose served and how the university benefited from the public fund's expenditure.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach all itemized receipts like the agenda, the meeting brochure or other relevant documents that support payment coded to the appropriate Spend Category. Worktag examples include, "Cost Center + Program"; and "Gift, Grant or Project."

Worktag to be charged: \_\_\_\_\_

**Section two: Expense reimbursements: Completed by service provider**

Date and time of: Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_

**Transportation cost:** Attach the passenger copy of the airline ticket or travel agency invoice. \$ \_\_\_\_\_

**Lodging cost:** Attach original receipts. \$ \_\_\_\_\_

**Meals:** Receipts are required if total meal or incidental expenses exceed \$49 per day. \$ \_\_\_\_\_

Date	Breakfast	Lunch	Dinner	Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total meal and lodging expenses should not exceed allowed rates for Maricopa County, or the rates of the location where university business was conducted if it was outside of Maricopa County. Charges over those allowed under ASU travel policies will require written justification and may, at the discretion of Financial Services, require dean, provost, vice provost or vice president approval. Review the state of Arizona Accounting Manual for [current lodging rates](#).

Other costs: Include expenses like airport limo and attach original receipts if \$50 or more.

_____	\$ _____
_____	\$ _____
Total expense reimbursement	\$ _____

I certify that the above is complete and accurate. Any expenses paid directly to or on behalf of me by ASU, like an advance of fees or airline ticket, have been excluded from the above expense reimbursement calculation. If the payment is to be charged against federal funds, I agree and certify that I am not currently employed by the federal government.

Service provider signature \_\_\_\_\_

Date \_\_\_\_\_

**Section three: Completion of service certification: Completed by ASU official**

Signature and title of ASU official acknowledging completion of services \_\_\_\_\_

Date \_\_\_\_\_