PURCHASE REPORT FORM

NAME:		DATE:	DEPARTMENT:
I UNDERSTAND THAT ALL GOODS PAID FOR WITH UNIVERSITY FUNDS WILL BE RETAINED BY THE DEPARTMENT. SALES TAX CANNOT BE INCLUDED ON PURCHASES. PLEASE PROVIDE VENDOR WITH TAX EXEMPTION FORM: https://fmo.tamu.edu/media/65002/tx-sales-tax-exemption.pdf .			
CDED	NT CARD BURGUAGE	DEIMBURGEMENT	DI FACE DAY INIVOICE
CREDIT CARD PURCHASE		REIMBURSEMENT	PLEASE PAY INVOICE
VENDOR(S) USED: DATE PURCHASED:		ED:	
AMOUNT:	DATE(S) RECEIVED:	AMOUNT:	DATE(S) RECEIVED:
SOURCE OF FUNDS			
PURPOSE AND BENEFIT (i.e. graduate student/faculty recruiting, business meal with guest speaker, etc be as specific as possible and NO acronyms.):			
PLEASE ATTACH RECEIPTS TO THE BACK OF THIS FORM OR ON A SEPARATE PAGE. ALL RECEIPTS MUST BE ITEMIZED. SALES TAX CANNOT BE INCLUDED OR REIMBURSED. DO NOT TAPE OVER WRITING. SUBMIT TO THE LASB BUSINESS HUB FOR PROCESSING: lasbbusiness@tamu.edu or LASB 311.			
FOR BUSINESS OFF	ICE USE ONLY:		
ACCOUNT:			AMOUNT:
APPROVED:			DATE:
REALLOCATED:			DATE: