ASA Funds Request Form/Reimbursement

Notes:

ALL FIELDS MUST BE COMPLETED

Date: _____ **Requested By**: Devesh Nath **Phone:** 6024869901

Old Account #: _____

Cost Center: _____ **Program #:** _____ **Dept. Reporting Roll** _____
(if blank on crosswalk, no DR needed)

Public Purpose: FURI Research Project: Data Collection system

Check One: ***(Only select one option)***

☒ **To Be Ordered** Vendor Name: Amazon Telephone: 1-888-280-4331 Address: 410 Terry Ave N City/State/Zip: Seattle/WA/98109	☐ **Ordered** Vendor Name: _____ Telephone: _____ Address: _____ City/State/Zip: _____
☐ **Reimbursed** Name: _____ Affiliate ID #: _____	☐ **Paid w/ PCard** ☐ **To Be Paid w/PCard** Last 4 Digits of Card: _____ Transfer To Cost Center: _____ Proram #: _____ DR # (if applicable): _____

NOTE: Paid with personal funds need copy of credit card statement.

QTY	Item #	Description	COST
1		ATERCEL Workout Gloves for Men and Women (Large Size): https://a.co/d/fRY1RiX	$ 14.00
1		Amazon Basics USB-A to Micro USB: https://a.co/d/iyOfzDk	$ 8.00
1		Amazon Basics DisplayPort to HDMI Display Cable (6 Feet): https://a.co/d/1dyYReX	$ 8.50
1		Simthread All Purpose Thread Polyester: https://a.co/d/5QW2hLD	$ 6.00
1		YiwerDer Reusable Fastening Cable Straps: https://a.co/d/cRyTQXJ	$ 7.00
1		VELCRO Brand Heavy Duty Fasteners: https://a.co/d/bTvrtiZ	$ 9.00
		Total	$ 52.50

ASA Staff Authorization _____
Signature Date