ASA Funds Request Form/Reimbursement

Notes:
FURI

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: This microcontroller's sensor suite and bluetooth functionality will be used in a FURI research project.

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	ABX00069	Arduino Nano 33 Ble Sense Rev 2 (link: https://a.co/d/ilj7hFR)	$ 32.40
		Total	$ 32.40

ASA Staff Authorization _____
Signature Date