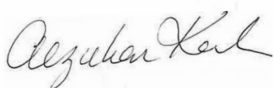


<b>ASA Funds Request Form/Reimbursement</b>			
<b>**ALL FIELDS MUST BE COMPLETED**</b>			
<b>Date: 5/27/2025</b>	<b>Requested By: Mike McBride</b>	<b>Phone: 7-8199</b>	
<b>Old Account #:</b>			
<b>Cost Center:</b>	<b>Program #:</b>	<b>Dept. Reporting Roll:</b>	
CC1460	GF000000002726	(if blank on crosswalk, no DR needed)	
<b>Discussed the new MS in AI degree admission requirements and also talked about topics to cover in the upcoming MS in AI webinars over Lunch</b>			
Check One: (Only select one option)			
<input type="checkbox"/> <b>To Be Ordered</b>		<b>X Ordered</b>	
Vendor Name:		Vendor Name: Thai Basil	
Telephone:		Telephone:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
<input type="checkbox"/> <b>Reimbursed</b>		<b>XPaid w/ PCard</b> <input type="checkbox"/> <b>To Be Paid w/PCard</b>	
Name:		Last 4 Digits of Card: 1272	
Affiliate ID #:		<b>Transfer To:</b>	
<b>QTY</b>	<b>Description</b>	<b>Item #</b>	<b>COST</b>
1	See attached receipt		\$45.75
		Subtotal	\$45.75
		Tip	
		Tax	
		Delivery Fee	
		Total	\$45.75
			
			5/27/2025
<b>ASA Staff Authorization Signature</b>			<b>Date</b>