Payee Information:
Name: _____ Phone _____
E-mail_____

Date of Request: ____/____/_____

Request for Reimbursement or Advance

Reimbursement ☐ Advance ☐

Submit this form via Purchasing Department drop-box or fax (530) 898-5382

Check to be:	☐ Mailed (include address)	☐ Held at AS Business Office (you will receive an e-mail or phone call from Purchasing Staff when Ready)		
Address:		Apt#:	City:	Zip:

ADVANCE INFORMATION: When clearing your advance, turn in all of your associated receipts and complete this form.

Amount: $	Date Needed: ___/___/___	Reason for Advance:	☐ Cleared

For all purchases related to an event, list the Objective/Activity number (O/A#) associated in the table below.

Pre-K	K-12 Students			Adults		Native Americans		Other	
O2A1 Lessons	O3A1 Lessons	O3A5 Cook Demo	O3A9 Other Tasting	O4A1 Lessons	O4A6 Pod-Cast	O6A1 Lessons	O6A5 Flyers	O5A1 Training	O7A2 Presentations
O2A2 HOTM	O3A2 HOTM	O3A6 Art	O3A10 Dist. Ed. Mat.	O4A2 Promo Event	O4A7 Adult Engage.	O6A2 Gardening	O6A6 Dist. Ed. Mat.	O5A2 TA	O7A3 Internal Training
O2A3 Promo Event	O3A3 Promo Event	O3A7 Assembly	O3A11 NACs	O4A3 Flyers		O6A3 Cook Demo	O6A7 Engage.		O8 I.E. - HOTM
O2A4 Dist. Ed. Mat.	O3A4 Gardening	O3A8 T4Ts	O3A12 Youth Engage.	O4A4 Dist. Ed. Mat.		O6A4 Promo Event			O9 I.E. - Teacher

RECEIPT INFORMATION: Please number all receipts at the top (i.e. 1, 2, 3, etc.) in date order, and write the corresponding AR #'s if the purchase is associated with an event. If Purchase is not related to an event please list as N/A. Your request will not be processed until all fields are complete.

Receipt #	*O/A# *(from above)*	% per O/A# *(*if multiple)*	Partner	Date of Receipt	Date of Event	Event Description/Use *(All non-food Items must meet the allowability check-list)*	Location of Event	Total $	Actual # of Attendees *(Impressions)*	Planned # of Attendees	$ / Planned Attendee	Field/ Office
For Office Use Only:												

*If there are multiple O/A#s, list all and provide percentage based on attendees and/or events for each O/A# listed. This information is used to prorate costs and determine actual cost per impression for each activity in our SOW.

TRAVEL INFORMATION: **Mileage**

Partner	# of Miles	Partner	# of Miles	Partner	# of Miles

Conference

Partner	% / $	Partner	% / $	Partner	% / $

Complete and attach the Research Foundation "Monthly Mileage Log" or "DPA Travel Expense Claim" Forms and all receipts with this travel reimbursement

Requestor Signature: _____ **Supervisor Signature**: _____

For office use ONLY: Approval _____ Q#/PO# _____ Allowable? _____ Branding?_____

Receipt #	*O/A# *(from above)*	% per O/A# *(*if multiple)*	Partner	Date of Receipt	Date of Event	Event Description/Use *(All non-food Items must meet the allowability check-list)*	Location of Event	Total $	Actual # of Attendees *(Impressions)*	Planned # of Attendees	$ / Planned Attendee	Field/ Office
For Office Use Only:												

*If there are multiple O/A#s, list all and provide percentage based on attendees and/or events for each O/A# listed. This information is used to prorate costs and determine actual cost per impression for each activity in our SOW.