



# Provost Business Office

## Post Purchase Service Billing Form

Account # \_\_\_\_\_

\_\_\_\_\_  
Purchase Date

\_\_\_\_\_  
Purchaser (Please Print)

\_\_\_\_\_  
UA Internal Department Name (*Facilities Management, Student Union, Parking & Transportation, Fast Copy, etc.*)

### Purpose of Purchase:

What are you requesting to be paid? What is its business purpose / use?

(Please be specific & indicate the business purpose served. If only UA personnel are present, clearly justify why expenditure is appropriate. Attach agenda/program, **include date of service or event**).

### Documentation Checklist:

- List of attendees attached (5170/5550)                      Meeting Agenda
- Original, Itemized Receipt Attached                      Conference Flyer or Event Agenda

***Gifts and alcohol are unallowable expenses. These purchases can only be processed through the UA Foundation if funds are available and business purpose is justified.***

**Does This Expense Need to be Corrected?** (If so, please provide how you would like the transaction altered in the space below.)

Account # _____
Sub Account _____
Object Code _____
Project Code _____