

RESIDENCE LIFE ACCOUNTS PAYABLE EXPENDITURE FORM

Use one form for *each* invoice, receipt, packing slip or credit memo

*If no invoice, receipt, packing slip, or credit memo is available
attach a completed NORF (No Original Receipt Form).*

For Fiscal Year: _____

Note: You must check one of the following methods used for purchasing:

Check if purchasing card was used: ☐ or Check if you charged it on account: ☐

<input type="checkbox"/>	443001	Residence Hall Admin
<input type="checkbox"/>	443201	Hapner Hall
<input type="checkbox"/>	443202	North Hedges
<input type="checkbox"/>	443203	South Hedges
<input type="checkbox"/>	443204	Langford
<input type="checkbox"/>	443205	Johnstone
<input type="checkbox"/>	443206	Roskie
<input type="checkbox"/>	443227	Headwaters Complex
<input type="checkbox"/>	443229	Hannon/Quads
<input type="checkbox"/>	443233	Freshman Apartments
<input type="checkbox"/>	443236	Yellowstone Hall

<input type="checkbox"/>	487229	Hannon/Quads Hall Council
<input type="checkbox"/>	487230	Hapner Hall Council
<input type="checkbox"/>	487231	North Hedges Hall Council
<input type="checkbox"/>	487232	South Hedges Hall Council
<input type="checkbox"/>	487235	Langford Hall Council
<input type="checkbox"/>	487236	Freshman Apts. Hall Council
<input type="checkbox"/>	487239	Johnstone Center Hall Council
<input type="checkbox"/>	487240	Roskie Hall Council
<input type="checkbox"/>	487241	Yellowstone Hall Council
<input type="checkbox"/>	487234	Residence Hall Council

*If this is a food purchase \$30.00 or more and is not RHA or an Opening/Closing meal and is being paid out of an operating index a Hospitality form with **proper signatures** is required.*

Item Purchased: _____
Or Item Repaired
(if appropriate): _____

Purchase Amount: \$ _____ Vendor: _____

Reason for purchase: _____

Date: _____

Signature: _____

Print name for clarity: _____

Please *STAPLE* the receipts to the *FRONT* of this form.