

Department of Mechanical Engineering
 111 Dolve Hall, PO Box 6050
 Fargo, ND 58108-6050

Supply Reimbursement

Name: _____

Date: _____

Address: _____

Advisor/PI: _____

City: _____ State: _____ Zip: _____

Proj Name: _____

ID Number: _____

Project #: _____

Telephone #: _____

Fund #: _____

IMPORTANT NOTES:

(1) NDSU does not pay sales tax. This amount may not be reimbursable.
 (2) You must attach the ORIGINAL ITEMIZED RECIEPT to this form.
 (3) Pre-approval signatures are required prior to purchase.

Date Purchased	Company	Estimated Cost	Actual Cost
TOTAL			
NDSU's Sales Tax Exempt Certificate #E-5411, NDSU's TIN 45-6002439			

Advisor/PI Pre-Approval: _____

ME Office Pre-Approval: _____

An approved budget form must be on file in the ME Office prior to any purchase.
 This form must be filled out completely and handed in to the ME Office before any item is bought or ordered.
 Without this form and a budget on file, you do not have proper authorization to purchase items for any project.

Office Use Only Below

Date Submitted	
Encumbered	
Receipt Date	
Receipt Rec'd	
Exp Report ID	
Entered Date & Initials	

EMPL ID #: _____

Our Customer #: _____

Department 2490			
Account	Fund	Project	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved for Payment: _____

Date: _____