



1. Any item not available from Central Supply i.e. books, films, office equipment and furniture.
2. Prepaid fees i.e. subscriptions, membership dues, (attach billings), refunds, workshops (attach brochure showing agenda and registration form), reimbursement for postage meter.
3. Equipment Repairs (attach billings).
4. Information on this form should be typewritten or legibly printed.
5. Do Not Use to reimburse non-HHS employees for expenses, use SFN 10230 or contract services, use SFN 1765 instead.

Reason for Request		and registration form), reimbursement for postage meter. 3. Equipment Repairs (attach billings). 4. Information on this form should be typewritten or legibly printed. 5. Do Not Use to reimburse non-HHS employees for expenses, use SFN 10230 or contract services, use SFN 1765 instead.		
Vendor Name				
Vendor Address (line 1)				
Vendor Address (line 2)		City	State	ZIP Code
ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
Charge To: (List Division/Section and Special Funding Sources, if any)			TOTAL	
Approval (1. Program and/or 2. Division/Section Director)				
1. _____ Date		2. _____ Date		
Prepared By _____			Date _____	

[illegible]

SUBMIT ORIGINAL WITH SIGNATURES AND PROPER DOCUMENTATION AND ONE COPY (TO SEND WITH PAYMENT)
TO FINANCE