

RECIPIENT**Name:** _____
(Please Print or Type)**Address:** _____**City:** _____ **State:** _____ **Zip:** _____**Phone#:** _____ **Empl ID:** _____
(Only if UTA Employee)**Signature:** _____ **Date:** _____**FOR DEPARTMENT****Purchased From:** _____ **On:** _____**Amount:** \$ _____**Group Attending:** _____
_____**Purpose:** _____
_____**Benefit to UTA:** _____

Send Original to: Payroll@uta.edu

Copy Must be Attached to: Applicable Document, e.g., ProCard Transactions Log, Expense Report or Voucher