BC FOUNDATION

Personal Reimbursement for Open PO

ALLOW 5-7 WORKING DAYS FOR PROCESSING **AFTER IT REACHES BC FOUNDATION OFFICE**

Purchase Order #: _____

ISSUED TO: Name _____

Address _____

City, State, Zip _____

IMPORTANT: BC Foundation is NOT RESPONSIBLE for material or services purchased without proper authorization

Date of Purchase	Receipt (Listed Individually by purchase receipt)	Receipt Amount
	Total Amount to be Reimbursed:	

Activity / Purpose:	Date of Activity:

Approved By:	Department Chair / Director:	Dean / Vice President:
Submitted by name of Department/Program	Name:_____	Name:_____
	Title:_____	Title:_____
_____	Signature:_____ Date:_____	Signature :_____ Date:_____

BC Foundation Approvals	_____ BC Foundation Accounting Manager, Date	_____ BC Foundation Executive Director, Date