

**REQUEST FOR REIMBURSEMENT
EQUIPMENT FINANCING**

Current Date: _____

Equipment Information (Attach separate sheet if necessary):

P.O. Number	P.O. Amount	Vendor Name and/or Purpose	Voucher Number	Voucher Date	Voucher Amt (Expenditure)
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Total Purchase Price: _____

Less - Amt not Financed: _____
(\$ in excess of nearest \$1,000 increment, rounding down)

Total Amt to be Financed: \$_____

Amortization Start Date: _____
(Feb. or Aug. – FYXX)

Total Amortization Period: _____
(Maximum 10 years)

Signature: _____
Chief Business Officer