

Purchase Pre-Approval Form

Required for all purchases of \$500 or more



Saint Martin's
UNIVERSITY

PURCHASER INFORMATION

NAME		DEPARTMENT	
SIGNATURE	EMAIL	PHONE NUMBER	

PURCHASE INFORMATION

VENDOR	PURCHASE DATE mm/dd/yyyy	REQUEST DATE mm/dd/yyyy
BUSINESS PURPOSE EXPLANATION - Why is the purchase necessary? How does the purchase benefit the University?		

BUDGET INFORMATION – only include amounts that will be covered by the University

FUNDING SOURCE (INCLUDE BUDGET NUMBER XX-XX-XXXX)	IS THE PURCHASE FUNDED BY A GRANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIPTION(supplies, contract labor etc)	ESTIMATED \$	Comments

DOES THIS PURCHASE MEET THE DEFINITION OR ESSENTIAL EXPENSE AS DESCRIBED IN THE EXPENDITURE GUIDELINES? YES NO

If no, why is this purchase justified?

ADDITIONAL DETAILS THAT THE APPROVER SHOULD BE AWARE OF REGARDING THIS PURCHASE? PLEASE EXPLAIN.

PLEASE ATTACH ANY DOCUMENTATION THAT MAY BE HELPFUL TO APPROVER (e.g. quotes, draft contract, product description, etc.)

SUPERVISOR CERTIFICATION

I CERTIFY THAT THIS PURCHASE IS ESSENTIAL TO ADVANCE AND FURTHER MY DEPARTMENT AND/OR COLLEGE/DIVISION'S MISSION.

Approved by Supervisor (if not cabinet member) _____ Date _____

Approved by Cabinet Member (over \$500) _____ Date _____

Approved by CFO, Provost or President (over \$5,000) _____ Date _____

Approved by Grant Accountant (if needed) _____ Date _____