PURCHASE REQUEST (DO NOT USE FOR TRAVEL OR CASH ADVANCE)

INSTRUCTIONS: Complete all information below and return to Finance Office. Authorized individuals must sign where indicated. Do not send to vendors.

		TOD LYNG DATE			
REQUESTED BY:		TODAY'S DATE:			
DEPARTMENT:		DATE NEEDED:			
PHONE:		t	Jse a Friday date; i	f Emergency call Fin	ance
PURPOSE FOR EXPENSE OR SPE	CHECK REQUEST (DOCUMENTATION REQUIRED) MAIL CHECK TO VENDOR CALL WHEN READY				
FOR AUDITING PURPOSES, PLEASE PROVIDE A COMPLETE DESCRIPTION SUPPORTING THE ITEM(S) YOU ARE REQUESTING BELOW. INCLUDE WHAT THE ITEM IS, WHAT IT IS NEEDED FOR AND WHEN IT WILL BE USED (AS APPLICABLE) INTER-DEPARTMENTAL CHARGE INTER-DEPARTMENTAL CHARGE					
	DESCRIPTION		QUANTITY	UNIT PRICE	EXTENSION
FUND DEPARTM	ENT OBJECT CODE	AMOUNT	Γ	SUB TOTAL	
				TAX:	
				TOTAL	
				IOIAL	:
REQUESTED BY	DATE A		IANAGER	DATE	
	-	APPROVED BY CABINET MEMBER (IF NEEDED) DATE			
	ī	EQUAL TO OR OVER \$5,000, CFO or Provost or President Approval			
VENDOR NAME:					
ADDRESS:					
PHONE:	VENDOR NO:	FAX NUMBER:			