

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.

REQUESTED BY: _____	TODAY'S DATE: _____
DEPARTMENT: _____	DATE NEEDED: _____ <small>Use a Wednesday date; if Emergency call Finance</small>
PHONE: _____	CHECK REQUEST (DOCUMENTATION REQUIRED)
PURPOSE FOR EXPENSE OR SPECIAL INSTRUCTIONS: _____ _____	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

DESCRIPTION	QUANTITY	UNIT PRICE	EXTENSION

FUND	DEPARTMENT	OBJECT CODE	AMOUNT	SUB TOTAL	
				TAX: (8.7)	
				TOTAL	

REQUESTED BY _____	DATE _____	APPROVED BY DEAN/MANAGER _____	DATE _____
APPROVED BY CABINET MEMBER (IF NEEDED) _____			DATE _____

VENDOR NAME: _____

ADDRESS: _____

PHONE: _____ VENDOR NO: _____ FAX NUMBER: _____