

PURCHASING REQUEST

(Complete one form for each vendor)

Requestor's Name: _____ Dept.: _____

E-mail: _____ Phone: _____

Organization: _____

Item(s) to be purchased:

Part # / Description (Date, Time, Location, Contact)	Quantity	Unit	Price	TOTAL Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
SUB-TOTAL				_____
TAX				_____
TOTAL				_____

Attach copy of quotes, contracts, etc...

Purpose of Purchase: _____

Event and Location: _____

Vendor Contact Name: _____

Vendor Name: _____

Vendor Address: _____

Vendor City/State/Zip: _____

Vendor Phone: _____ Vendor Fax: _____

Tax I.D. (if new vendor) or SSN # (lecturer or performer): _____

Authorized Student Signature: _____ **Date:** _____

Print Name: _____

Authorized Advisor Signature: _____ **Date:** _____

Print Name: _____

Please check the type of funding for this purchase:	
<input type="checkbox"/> ASWSUV budget <u>Object #</u> _____	<input type="checkbox"/> OSI budget <u>Program</u> _____
<input type="checkbox"/> ASWSUV bill <u>Bill #</u> _____	<input type="checkbox"/> S & A acct. # _____
<input type="checkbox"/> Club account # _____	<input type="checkbox"/> Club seed/volunteer monies _____