

PURCHASE REQUEST FORM

Club/Organization Name: _____

Person Submitting Request: _____

Phone Number: _____ E-mail: _____

Event Name: _____ Event Date: (MM/DD/YY) _____

REQUEST 1

1. What type of purchase: Purchase Order Vendor Credit Card Check
2. Vendor Name: _____ Phone: _____
 Vendor Address: _____ E-mail: _____
 City, State Zip _____
3. Amount: \$ _____ (An invoice must be attached to this request)
4. If Vendor Credit Card is to be used: Date Needed: _____ Time: _____
5. If Check is needed to be picked up: Date Needed: _____

REQUEST 2

1. What type of purchase: Purchase Order Vendor Credit Card Check
2. Vendor Name: _____ Phone: _____
 Vendor Address: _____ E-mail: _____
 City, State Zip _____
3. Amount: \$ _____ (An Invoice must be attached to this request)
4. If Vendor Credit Card is to be used: Date Needed: _____ Time: _____
5. If Check is needed to be picked up: Date Needed: _____

REQUEST 3

1. What type of purchase: Purchase Order Vendor Credit Card Check
2. Vendor Name: _____ Phone: _____
 Vendor Address: _____ E-mail: _____
 City, State Zip _____
3. Amount: \$ _____ (An Invoice must be attached to this request)
4. If Vendor Credit Card is to be used: Date Needed: _____ Time: _____
5. If Check is needed to be picked up: Date Needed: _____

Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Office Use Only:

Approved **Not Approved**

Program Coordinator Signature: _____ Date: _____

Dean HPERSL Signature: _____ Date: _____

Club/Organization Notified by: E-mail Phone In Person Date: _____