

Purchase Request

P.O. # _____

Requested By _____ Vendor (Check payable to) _____

Date _____ Address _____

Department _____

Event _____ Phone # _____

Code	Qty	Description	Unit Price	Ext Price

Sub Total _____

 Is the requested item(s) included in your department budget? YES NO

Shipping _____

 Grand Total
Method of Payment
 Billed/Invoiced by Vendor

 Charge to Vendor Account

 Check Date Needed _____

 Distribute Check to: Requestor
 Mail

 Credit Card _____

 Other _____

Department Head
 Approved Denied

Signature _____ Date _____

Administrator (over \$200)
 Approved Denied

Signature _____ Date _____

Save this document for your files. Print and return the completed form to Department Head only if you have receipts to attach. Otherwise, forward the completed form along with electronic receipt or invoice to your Department Head.