



Purchase Request Form
Fiscal Year 2018 - 2019



Organization Name	Budget Line 50RFDWLRBUBDO	Today's Date
Initiator (print) Phone	Advisor Name (print)	Date of Event (if applicable)
E-Mail Address	Advisor Signature	Event Location (if applicable)

Recommended Vendor _____ Contact _____ Address _____ City/State/Zip _____ Phone _____ Email _____	(A&SF Business Office Use Only)
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Item #	Description - <i>Attach all quotes and/or any documentation</i>	Quantity	Unit Price	Total

Vendor Payment Options: Credit Card <input type="checkbox"/> Check <input type="checkbox"/>	Grand Total
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Justification / Use of item(s) - **REQUIRED**

Benefit to the Student Body - **REQUIRED**

Only those individuals or positions on the A&SF Business Office's authorized signature list may sign below, and only those Student Organizations registered with the Office of Student Involvement that have received an SGA-approved allocation or bill may request funds for purchases. All purchase requests need to be made at least **TEN (10) BUSINESS DAYS** prior to the time that items and/or services are required. Please take into consideration required production/shipping times of the vendor. All purchase requests must follow all guidelines set forth by the Student Government Finance Code and the A&SF Business Office's Financial Training. All authorized signatories must have successfully completed the A&SF Business Office's Financial Training. By signing below, you are certifying that you understand these rules and will abide by them.

IDT BY: Other ASF Dept Name Dept # Acct #
 P.O. P-Card P-Cardholder Name

Authorized Signature (1)	Date	Authorized Signature (2)	Date	ASFBO Accountant Signature	Date	ASFBO Requisition Approver
Print Name		Print Name		Requisition #		Initials Date