



Purchase Request Form
Fiscal Year 2018 - 2019



Organization Name Medical School Programming	Budget Line, Allocation #, or Senate Bill # 71100007	Today's Date 08/06/2018
Initiator (print) Phone Soraya Smith 407-266-1355	Advisor Name (print) Casey Smith	Date of Event (if applicable) 08/23/2018
E-Mail Address Casey.Smith@ucf.edu	Advisor Signature	Event Location (if applicable) UCF COM

Recommended Vendor Papa John's Address 10727 Narcoossee Rd. City/State/Zip Orlando, FL 32832 Email _____	Contact William Thomas Phone (407) 658-9191	(A&SF Business Office Use Only)
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Item #	Description - Attach all quotes and/or any documentation	Quantity	Unit Price	Total
1	14" Original Pepperoni Pizza	5	16	\$ 80.00
2	14" Original Cheese Pizza	5	14	\$ 70.00
3	2Ltr Pepsi & Sierra Mist	4	3	\$ 12.00
4	Discount	1	-50	-\$ 50.00
5	Delivery fee (\$4) & Tip (\$26)	1	30	\$ 30.00

Vendor Payment Options: Credit Card <input type="checkbox"/> Check <input type="checkbox"/>	Grand Total	\$ 142.00
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Justification / Use of item(s) - REQUIRED
 Pizzas and drinks will provide students food during the meeting which occurs during the lunch hour between classes.

Benefit to the Student Body - REQUIRED
 Providing lunch to the students allows them to focus on the meeting without worrying about missing a meal between classes.

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) Robert Pell	Date 8/6/2018	Authorized Signature (2) Kevin Petersen	Date 8/6/2018	ASFBO Accountant Signature	Date	ASFBO Requisition Approver
Print Name Robert Pell	Print Name Kevin Petersen	Requisition #	Initials	Date		

Thank You For Choosing
Papa John's Pizza
Restaurant #3447
(407)658-9191

Name: _____
Address: 1 UCF College of Medicine 1b
ORLANDO FL 32827
Phone#: (386) 846-3629

Order #: 0001 Phone / Delivery
Delivery Remarks: Call 386-846-3629 when
arrive pleas

William 08/23/2018 11:15 AM
Out Time:

5	<14> 14" Original	80.00
	+5 Pepperoncini Peppers	
	+5 Garlic Sauce Cup	
	+Pepperoni	
5	<14> 14" Original	70.00
	+5 Pepperoncini Peppers	
	+5 Garlic Sauce Cup	
2	2Ltr Pepsi	6.00
2	2Ltr Sierra Mist	6.00
	Delivery Fee	4.00

Subtotal:	166.00
Discount:	50.00
Food Tax:	6.50
Beverage Tax:	0.78
Tip:	0.00
Total Tax:	7.28

Total: 123.28

one hundred twenty three dollars and 28/100 cent
s

IMPORTANT - RETAIN THIS
COPY FOR YOUR RECORDS

Any delivery fee charged is not a tip
for the Driver. Please reward your
driver with a tip for outstanding
service.

The American Medical Women's Association & Students Interested in Academic Medicine chapters proudly present:

Dean Deborah German

Founding Dean of UCF College of Medicine

Discussion Topics:

- ❖ Academic Medicine
- ❖ Her Journey to Success
- ❖ Empowering Women
- ❖ How to Accomplish Your Aspirations

Sponsored by:



When:

Thursday,
August 23
12pm

Where:

Room 104

Bonus:

Free Pizza!

AMWA

SIAM

