



Purchase Request Form
Fiscal Year 2019 - 2020



Organization Name Medical School Programming	Budget Line, Allocation #, or Senate Bill # 71100007-89	Today's Date
Initiator (print) Phone Soraya Smith 407-266-1357	Advisor Name (print) Casey Smith	Date of Event (if applicable)
E-Mail Address Casey.Smith@ucf.edu	Advisor Signature	Event Location (if applicable) UCF COM

Recommended Vendor _____ Address _____ City/State/Zip _____ Email _____	Contact _____ Phone _____	(A&SF Business Office Use Only)
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Item #	Description - Attach all quotes and/or any documentation	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 **must** be submitted 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. **DO NOT** purchase any items(s) unless instructed by the assign account as we do not offer reimbursements after-the-fact. 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:	<input type="checkbox"/> Other	<input type="checkbox"/> ASF	Dept Name <input style="width: 90%;" type="text"/>	Dept # <input style="width: 90%;" type="text"/>	Acct # <input style="width: 90%;" type="text"/>
<input type="checkbox"/> P.O.	<input type="checkbox"/> P-Card	P-Cardholder Name <input style="width: 95%;" type="text"/>			

Authorized Signature (1)	Date	Authorized Signature (2)	Date	ASFBO Accountant Signature	Date	ASFBO Requisition Approver
Margaret Kennedy		Michael Fiorino				
Print Name		Print Name		Requisition #		Initials Date