



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 _____ Contact _____ Address _____ City/State/Zip _____ Phone _____ Email _____				(A&SF Business Office Use Only)	
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					
Justification / Use of item(s) - REQUIRED					
Benefit to the Student Body - REQUIRED					
<p>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.</p>					
IDT BY: Other ASF Dept Name <input type="text"/> Dept # <input type="text"/> Acct # <input type="text"/>		P.O. P-Card P-Cardholder Name <input type="text"/>			
Authorized Signature (1) _____		Authorized Signature (2) _____		ASFBO Accountant Signature _____	
Date _____		Date _____		Date _____	
Print Name Amy Morrison		Print Name Brandon Tapasak		Requisition # _____	
				Initials Date _____	