

Purchase Request Form

Fiscal Year 2020 - 2021



Organization Name				Budget Line, Allocation #, or SB #		Today's Date	
Organization Name				Budget Lille, Al	iocation #, or 3B #	Today 3 Date	
Initiator's Name (Print)		Phone	Advisor's	Name (<i>Print</i>)		Event Date (If applicable)	
Email Address			Advisor's Signature			Event Location (If applicable)	
Recommended Vendor			Contact			(A&SF Business Offic	e Use Only)
Address		Phone Phone					
City			State	Z	ip		
Email							
Item #	Description - Attach all quo	tes and/or documentation	Quant	ity	Unit Price	Total	
Vendor Payment Options Credit		Card	Check		Grand Total		
Justification or Use of Item(s) - REQUIRED							
Benefits 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 SG-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 assigned Accounting Specialist 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 Other	ASF Dept Name	Dept #			Acct #		
P.O. P-ca	rd P-Cardholder	Name					
Name (<i>Pri</i>			red Name (<i>Print</i>)	Date	ASFBO Accounting	Specialist Signature Date	ASFBO
(,,,			()	34.0		· -	Approver
Authorized Signature		2 nd Authorized Signature			Requisition #		Initials Date