Activity and Service Fee Business Office
UNIVERSITY OF CENTRAL FLORIDA

Purchase Request Form

Fiscal Year 2020 - 2021

Organization Name		Budget Line, Allocation #, or SB #	Today's Date

Initiator's Name (*Print*)	Phone	Advisor's Name (*Print*)	Event Date (*If applicable*)

Email Address		Advisor's Signature	Event Location (*If applicable*)

Recommended Supplier _____   Contact _____   (A&SF Business Office Use Only)

Address _____   Phone _____

City _____   State _____   Zip _____

Email _____

Item #	Description - *Attach all quotes and/or documentation*	Quantity	Unit Price	Total

Supplier 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 supplierr. 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-card	P-Cardholder Name				

Name (*Print*)	Date	2ⁿᵈ Authorized Name (*Print*)	Date	ASFBO Accounting Specialist Signature Date	ASFBO
					Approver
Authorized Signature		**2ⁿᵈ Authorized Signature**		**Requisition #**	Initials Date

Revised 7/20 Previous Form Obsolete