

## Purchase Request Form Fiscal Year 2021-2022



**Note**: All purchase requests must be submitted at least <u>TEN (10) BUSINESS</u> <u>DAYS</u> prior to the time that items and/or services are required. Please take into consideration required production and shipping times of the supplier.

Organization (if applicable )					Allocation #, Senate Bill #, or BL #			Today's Date	
Initiator's Name ( Print) Phone				Advisor's Name (Print)			Event Date (if applicable)		
Email Address				Advisor's Signature  Cassy Smith			Event Location (if applicable		
Supplier Name				Contact	(/	(A&SF Business Office Use Only)			
Supplier Address			City	State Zip					
Phone Email									
Item #		<b>Description</b> - Attach all quotes and/or d	ocumentatio	Quantity		Unit Price	nit Price Total		
							+		
Supplier Payment Option Credit Card Check					Grand Total				
Justification or Use of									
Benefit to Student Bo	ody - <b>REQU</b>	IIRED							
Name (Print )				Authorized Signature Date			ate		
2 <sup>nd</sup> Authorized Name ( <i>Print</i> )  2 <sup>nd</sup> Authorized Signature  Date  Jamb (somules)						Oate			
IDT BY Other	ASF	Dept Name	De	Dept # Acct #					
P.O. P-card P-cardholder Name									
Acco	ounting Sp	ecialist Signature	Da	ate	Requisitio	on #	Initials	Date	

## Important Note:

1. Only those individuals or positions on the A&SF Business Office's authorized signature list may sign above, 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.

- 2. All purchase requests must follow all guidelines set forth by the Student Government Finance Code, A&SF Business Office's Financial Training, and University guidelines.
- 3. DO NOT purchase any items(s) unless instructed by the assigned Accounting Specialist, as we do not offer reimbursements after-the-fact.
- 4. All authorized signatories must have successfully completed the A&SF Business Office's Financial Training.
- 5. By signing above, you are certifying that you understand these rules and will abide by them.

Delivery NOT PAID Domino's Pizza 3149 (407) 919-6161

Rewards Code: TK98FT8J 12/17/2021

11:45 AM

Server 1996 Order 13

TIMED \* TIMED

Domino's Pizza #3149

SHIVANI GUPTA
6850 LAKE NONA BLVD
UCF COLLEGE OF MEDICINE
(407) 579-4100

4 14" HandToss Pizza	\$43.96
4 14" HandToss Pizza	\$50.96
Pepperoni 1 Dellares Charge	\$3.00
1 Delivery Charge	\$3.00
Sub Total	\$97.92
Tax 1	\$4.75
	4400 (7
Total	\$102.67

Balance Due

-----Payments----

\$102.67

THIS ORDER CAN STILL EARN
POINTS TOWARD FREE PIZZA!
VISIT DOMINOS.COM/CLAIMREWARDS
WITHIN 30 DAYS TO CLAIM
YOUR POINTS.

NOW HIRING! CAREERS.DOMINOS.COM

## **UCF COM Class 2025 Council Presents**

## **WINTER HOLIDAY PARTY**

Come have Christmas snacks and pizza to celebrate the end of the calendar year!

When: December 17, 2021

Where: Student Lounge

