

## Purchase Request

Date Requested:

Reference Number

### Purchase & Delivery Information

Name

Phone

Address

Fax

Website

Address for Delivery

Expected Delivery

*(Include street address and/or Building/Room number)*

### Requestor Information

Name

Campus Phone

Dept BU

### Payment & Receiving Information

E-Business Cardholder Name

Employee ID

Cost Center Name

Cost Center Number

Quick Books Category

Basis Category

% or \$

### Items to be purchased *attach additional sheets or quote from vendor if necessary*

| Qty | Item # | Description | Unit price | Line total |
|-----|--------|-------------|------------|------------|
|-----|--------|-------------|------------|------------|

Additional Comments

Subtotal

Tax

Shipping

Total

### Justification for Expenditure

*(Note: Any item purchased through a university account/cost center number is subject to all university and state regulations.)*

### Signatures

Requestor Signature

Date

Approving Signature

Date

*Dean, Department Head, Director*

Technology Approval

Date