Logo, company name

Description automatically generated

**Purchase Request**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Part Number | Description | Unit Price | Quantity | Total |
| *EXAMPLE*: | *12345* | *T-shirts* | *$10.00* | *60* | *$600.00* |
| *1.* |  |  |  |  |  |
| *2.* |  |  |  |  |  |
| *3.* |  |  |  |  |  |
| *4.* |  |  |  |  |  |
| *5.* |  |  |  |  |  |
|  |  |  | **Grand Total** | |  |

**If additional lines are needed, please attach an additional sheet.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Index |  | | | Account (if known) | | | |  | |
| Purpose | |  | | | | | | | |
| Requestor | |  | | Date |  | | | |
| Email |  | | | Date Needed By | | |  | | |
| Vendor Name | | |  | Vendor Contact | |  | | | |
| Vendor Phone | | |  | Vendor Email | | |  | | |
|  | | | |  | | | | | |
| *(To check any of the below check boxes, click on the box)* | | | | | | | | | |
| **Payment Method:  Purchase Order  P-Card  Check Request  Interdepartmental Charge (IDC)** | | | | | | | | | |
|  | | | |  | | | | | |
| Select departments to be notified, print the form, and obtain necessary approvals:  Network Services (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Media Services (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facilities (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other (Department & Department Head’s Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Faculty & Lab Purchases, Assistant Dean (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Department Head Approval | |  | | | | (Print) | | | | | | Department Head Approval | |  | Date |  | | (Signature) | | | | | | Business Office Review *(if purchase exceeds $1,000) (To check the box, click on the box)* | | | | | | Dean Approval |  | | Date |  | | (Required for purchases exceeding $1,000) | | | | | | | | | | | | | | |