

Purchase Request Form

A. Is this individual on record as a current University employee?
 No – Go to B. *–IF Yes –Do not continue with this form. Contact your advisor.*

B. Was the individual a University employee at any time during the last two years?
 No – Continue to complete Purchase request form.
 Yes – *What was the title of her/his job and the name of the office they worked for?*

Fill out all the information below and turn it in to the SOAR office. **Purchase Orders (POs) are ready in 6 or 11 business days.** You may contact your SOMeCA Office to check if your PO is ready.

CONTACT

Date PO is needed by _____ (Allow **6 business days** for frequently used vendors)

Name (Print): _____ Phone: _____

Email: _____ Organization: _____

My signature certifies that providing food or beverages will: increase student attendance; promote cultural understanding or support student participation at a mealtime.

Authorizing Signature _____

EVENT

Name of Event: _____ Date of Event or Service: _____

Number of Participants: _____ Event location: _____

Vendor: _____

Vendor Address (*Specify Street and City*): _____

A 204 form is required for new vendors and must be submitted with purchase order request.

VENDOR

Supplies to be purchased (6 days Brief description): _____

Service—Quote Required (11 days Describe in detail & length of time): _____

Food/Beverage (6 days Brief description *indicate if delivery): _____

Total Cost including Tax and delivery may not exceed \$ _____

PAYMENT

Take funds from the following fund(s) source: Earned Income \$ _____

CEP\$ _____ College Gov. \$ _____ SUA\$ _____

Measure\$ _____ Other \$ _____

For Office use

Fund	Org Code	Account	Activity	Amount

Advisor Signature(s): Org Level: _____ F&E Level _____

PR# _____ ERF# _____