

Department of Athletics, Intramurals, and Recreation Purchase Request

Vendor: _____

Address: _____

City, State, ZIP: _____

Telephone: _____

Requested by: _____ Date: _____

Cost Center / Fund: _____ / _____

Purpose of Purchase: _____

Note: If your request has more than 12 line items, please use line 1 of subsequent sheets to carry forward your previous page's total.

Product #	Description	Quantity	Unit Price	Total Price
TOTAL				

Other Pertinent Information (i.e. quotes from vendors, tax exempt number, required delivery date, etc.)
 Use back of form if necessary

For use by Athletics Business Office

PCard _____ Purchase Order _____ Direct Invoice _____

Approved by: _____ Date: _____