

Student Life Request for Purchasing

Contact Information				
Contact/Requestor Name:	*	Affiliated Group or	Department:	*
Contact Email Address:	*	Contact Phone Nun		*
Organizational Advisor/Supervisor N	lame: *	Organizational Advis	sor/Supervisor Contact Number:	*
				,
Event Information:				
event Name:				
Date Items Needed:		Time Items are Needed:	* Please Select V	* Please Select 🗸
referred Vendor:				
tating a Preferred Vendor does not garente	ee that items will be purched from named ver	vendor Contact:		
Phone #:		Email Address:	,	
em Description: tem #, Brand, Color, Flavor, Size, etc.)		Unit Price:	Total Price:	URL *
		Total Cost of Expenses:	*	,
Required Purchase Docu Agenda or Meeting Outline for Event * RSVP List (i.e. Doodle, Meeting Wizard, Required if Purchase Form is for Food	etc)		Copy of Flier or Publicity for Eve Additional Documentation	nt*



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DECISIONS

You are about to complete your part of the Request for Purchasing. Please review the information carefully and provide your decision. If while reviewing the form, you see additional information is needed, <u>DO NOT</u> deny the form, rather reject the request back to the form owner so that they may provide the additional information that is required. If you will be denying the request, please explain your reason for denial in the space provided and then select "Next" to sign off on your decision.

Organizational A	Advisor or Supervisor	
Decision:	* Please Select V	
Please explain your de	ecision below:	
*		/
J.		
Student Life		
Decision:	* Please Select 🔽	
Please explain your de	ecision below:	
*		-
Administrative A	ssistant	
Decision:	* Please Select 🔽	
Please explain your de	ecision below:	
		^
gistrant Signature visor/Supervisor	Date:	
nature	Electronic Signature Pending	
ident Life Signature	Electronic Signature Pending	

Form Administrator Signature	Electronic Signature Pending
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