



PURCHASE REQUEST FORM



Time Stamp _____

PO NUMBER _____

Req. Number _____

Organization Information

Vendor/FSU Dept Information

Organization's Name
Organization's Budget Number
Individual Initiating Request
Phone Number
E-mail address

Vendor's Name
Street Address or PO Box
City State and Zip
Phone Number and E-mail Address
FEID or SS#

Type of Funds: A&S Funds Self Generated Funds

Type of Purchase: Blanket Line Item Interdepartmental

Budget Category: Food Expense Clothing Awards OCO

State the benefit to the FSU student body:

FILL OUT THE INFORMATION BELOW FOR A BLANKET PURCHASE:

Type of items being purchased:

If items are not for an event, state purpose:

Who will be picking up items from the store?

Purchase Dates: From: _____ To: _____ TOTAL BLANKET AMOUNT (Purchases will not exceed this amount): \$ _____

FILL OUT THE INFORMATION BELOW FOR A LINE ITEM, INTERDEPARTMENTAL, or OCO PURCHASE:

Item #	Quantity	Description	Unit Price	AMOUNT

Attach any vendor quotes and/or additional sheet(s) if necessary **TOTAL COST**

Will the items be picked-up from a local store or delivered?
If delivered, items will be shipped to Oglesby Union A205; exception of COGS, Law, Music, and WVFS

If item(s) are for recurring use, where will they be stored?

Signature of staff/faculty person responsible for any OCO item:

FILL OUT THE INFORMATION BELOW FOR AN EVENT (A FLYER WITH SGA LOGO MUST BE ATTACHED):

Name of Event: _____ Expected Attendance _____

Location, date, and time of event :

How will the information be circulated?

Is this event open & free to all FSU students? yes no Is there a charge for non-FSU students? yes no How much?

Advisor's Signature For Purchases Over \$1000	_____	Date
Organization's Authorized Signature (1)	_____	Date
Organization's Authorized Signature (2)	_____	Date
SGA or COGS Authorized Signature	_____	Date
Accounting Office Authorized Signature	_____	Date