

POLYTECHNIC PURCHASING REQUEST

(All fields are required, please include N/A)

Please note :
 -An itemized receipt is required for all credit card purchases & Request for Reimbursement
 -Alcohol cannot be purchased on the Hospitality Card!

REQUESTOR: _____ DEPARTMENT: _____

Additional Contact Person: _____

Contact Email Address(s): _____

VENDOR NAME: _____ ATTACH QUOTE WHENEVER POSSIBLE

(Try to get items through preferred/punch-out vendors before others)

VENDOR ADDRESS: _____

VENDOR WEB ADDRESS: _____

VENDOR PHONE NUMBER: _____

DATE OF ACTIVITY OR WHEN NEEDED BY: _____

PLEASE CHECK ONE:

- PRF
- HOSPITALITY
- CHECK OUT
- REQUEST FOR REIMBURSEMENT
- PURCHASE ORDER (CHECK PRICE OBTAINED FROM BELOW)
 - QUOTE ATTACHED
 - VENDOR WEBSITE
 - VENDOR REPRESENTATIVE
 - OTHER (PLEASE EXPLAIN)

CC # _____

Actual Amount: _____

DATE PRICE OBTAINED: _____

SHIP TO ADDRESS NAME: BLDG: ROOM: STREET ADDRESS:		ACCOUNT(S) TO BE CHARGED				
		Fund	Cost Center	ORDER/SIO/RIO	G/L ACCOUNT	EXPIRATION DATE
				Total:		-

ITEM DESCRIPTION	PART NUMBER	QUANTITY	UNIT PRICE	EXTENDED PRICE	Total Expenses
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PURPOSE OF ACTIVITY/MATERIAL USED FOR: _____

Motor Vehicle Record (MVR):

FACULTY/STAFF (I pass the self-assessment)

GRADUATE/UNDERGRADUATE/STUDENTS/VOLUNTEERS(I have passed the MVR review)

Please note: The Approved Drivers Database with Risk Management will be checked

STAFF MEMBERS ATTENDING: _____

OTHER INDIVIDUALS ATTENDING: _____

Alumni
 Students
 Guests
 Other

Requestor Signature: _____ Dated: _____

Signature certifies that the requestor has the technical expertise and/or direct knowledge that these item(s) and costs will benefit the project(s) indicated.

Department Head/Dean Signature _____ Date _____

Business Office Use Only:

Comptroller Approval _____ Date _____

Order placed by: _____ Date: _____

Shopping Cart #: _____ added to spreadsheet