

PURCHASE REQUEST FORM

Items or services to be purchased _____

Estimated Cost _____

To be purchased from: _____

Request to purchase and be reimbursed or order and have bill paid by Treasurer?

_____ Reimbursed _____ Bill Paid

Program area expense to be charged to _____

Requestor's Signature _____

Printed Name _____

Program Chairman's Signature _____

Date Requested: _____

Date Received: _____

Received by: _____

If request is to be reimbursed, please attach receipts and submit to Treasurer for payment.

If request is to have Treasurer pay bill directly to supplier, please submit packing list, invoice, etc. along with acknowledgement that materials or services have been received to Treasurer.