

Departmental Purchase Request

***** ALL PURCHASES MUST BE APPROVED BEFORE PURCHASE WILL BE COMPLETED *****

Requester: _____ Phone: _____

Please check appropriate transaction:

Request Approval for Procard Purchase (Last four of card # _____; Last Name on Card _____)

Request for UK Vendor Purchase Order (Shopping Cart/PO # _____)

Request Approval for PRD for reimbursement using personal expenses or to pay vendor invoice (e.g Procard use is prohibited or vendor only accepts check)

Blanket Approval for Recurring Expense (e.g. Gas Cylinder Rental) for FY 20 _____

If travel related, please provide the following information:

Destination: _____ Purpose: _____ Start/End Dates: _____

Date	Vendor	Item Description	Business Justification for Purchase	Quantity & Purchase Total	Account Number & Account Name
			Estimated Total:		

*Procard transactions, SRM & Purchase Orders require ORIGINAL receipts. (Receipts, invoices, packing slips and quotes)

*If transaction is related to an event or food, a list of attendees and an agenda is required.

*Gas Cylinder Rental Recurring Approvals MUST be turned in to the ECE Business Office annually to keep on file.

Requester Signature: _____ Date: _____

Approver Signature: _____ Date: _____