



**Check Request
Purchase Order Requisition
Cash Advance**

Date: _____

Payable To: _____
Address: _____

Please check applicable:
 Check
 P.O. Requisition
 Cash Advance

ID#: Employee Student Other

Date Required

DESCRIPTION	FUND	ORG	ACCOUNT	ACTIVITY <i>(Optional)</i>	AMOUNT
Total Amount to be Paid					

Special Instructions (optional) :
 Worner Box # _____
 Dates of Travel (cash advance) _____
 Exception for sales tax reimbursment _____

Other Instructions:

Purchase Order Use Only

Signed Estimate attached Change Order
 Sole Source Close P.O.
 Do Not Send P.O. #
 Over \$25,000 - Approval Needed (Lori Seager) _____
 Vendor email address _____ Fiscal Year _____

Requisitioned By _____
Print Name Signature Email Ext.

Authorized ("2nd") Signature _____
Print Name Signature

Department _____

(Note: W-9/W-8 BEN needed for payees other than student or employee if not already on file)

W-9/W-8BEN On File W-9/W-8BEN Attached

Original receipts, invoices, or other documentation must accompany this form. Questions? Please contact Accounts Payable: x 6782, or Purchasing: x 6695

Business Office Use / Approval: _____