



Employee/Initiator Name and Organization Name (RSO)	Date
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Location	Phone #
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Address	Purchase Type: Expense Card ☐ Requisition ☐ Change Order ☐
City/St/Zip	

Email	Reimbursement (not travel) ☐
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DEPARTMENTAL BUDGET DETAILS		SUPPLIER INFORMATION	
Cost Center #	Select One	Supplier Name/Number	
Fund		Supplier Phone Number	
Program		Supplier Email	
Gift (id is same as foundation no)		Supplier Address	
Division	Select One		

PURCHASE DETAILS				
Item Description	Product/SKU/UPC	Quantity	Price	Total
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
ORDER TOTAL				\$ 0.00

QUOTE THRESHOLD			
Under \$25k ☐	\$25,000.01-\$75k (2 informal quotes) ☐	\$75,000.01-\$150k (3 formal quotes) ☐	\$150,000.01k and up (Requires formal bid process) ☐
Exemption ☐	Sole Source ☐	Invitational to Bid (ITB) ☐	

Quote 1 - Supplier Name		Quote Amount	
Quote 2 - Supplier Name		Quote Amount	
Quote 3 - Supplier Name		Quote Amount	

BENEFIT TO UNIVERSITY OR STUDENT BODY

JUSTIFICATION OF PURCHASE

ASF Entities Only	FAO or Senate Bill #	Activity ID
		Select One

Budget Line #	Event Date	Event Location

Print Name	1st Authorized Signature	Print Name	2nd Authorized Signature

****All necessary and required documents must be attached for timely and accurate processing****