

The Student Association
SUNY New Paltz, SUB 428
New Paltz, NY 12561
(845) 257-3070

For Office Use Only
Date Received _____
Initials _____

ITEM FUND REQUEST

This form is used to make purchases not associated with a specific program,
i.e. equipment, team fees, etc.

Please Type or Print Clearly

All requests must be submitted 21 days in advance.

If any questions are not answered this form will be returned.

All items requested must be essential to the success of the organization's mission as stated in the approved Charter.

Name of Organization: _____ Line Item General Programming

Account Number: (If Line Item) _____

Date Submitted: _____ Signature on file: _____

Intended date for use for item(s): _____

Contact Person: _____ Phone/E-mail: _____

Item(s) being requested: (Please attach detailed price quotes)	Price Quote Requested	(Total Amount) Approved	
			Total Amount Requested
			\$
			Total Amount Approved
			\$

Does the company accept Purchase Orders? Yes No If yes, please attach Requisition Form.
Note: One P.O. Requisition Form is needed per vendor.

If not, what is the necessary method of payment? _____

Please attach Reimbursement Form, if applicable.

If a check is required, please contact SA Business Office when request is approved.

Purpose for request/ How item will be used: (Please attach further info as needed). _____

FOR SAPB USE ONLY

- Approved
- Approved w/ stipulations below
- Disapproved because
- Resubmit because

SAPB Chair _____

FOR SA VP FOR FINANCE USE ONLY

- Approved
- Disapproved because

SA VP For Finance _____