

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

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

PLEASE TYPE OR PRINT CLEARLY

Name of Organization _____ *Check One:*
 Line Item General Programming

Account Number _____

Date submitted _____ Signator on file _____

Contact Person _____ Phone _____ E-Mail _____

ITEM(S) REQUESTED (Please attach detailed price quotes)	AMOUNT REQUESTED	AMOUNT APPROVED	COMPETITIVE PRICE QUOTES

TOTAL AMOUNT REQUESTED
 \$

TOTAL AMOUNT APPROVED
 \$

Does the company accept purchase orders? Yes No If yes, please attach a purchase order request for each vendor.

NOTE: One P.O. Requisition form is needed per vendor.

Please attach Reimbursement form if applicable.

If a check is required, please attach invoice.

PURPOSE FOR REQUEST /HOW ITEM WILL BE USED. *Write a detailed description below:*
