DATE: _____

SELECT REQUEST TYPE:	
REQUEST FOR DEPOSIT:	☐
REQUEST FOR PAYMENT:	☐
REQUEST FOR PURCHASE:	☐

DATE RECEIVED (OFFICE USE)

DATE STAMP HERE

NAME OF ACCOUNT   **ACCT #**

02 - 1 - _____

LINE ITEM EXPENSE / CHARGE DESCRIPTION:

REQUISITIONS MUST BE IN THE COMMUNITY ACTIVITIES OFFICE BY TUESDAY AT NOON IN ORDER TO BE CONSIDERED FOR THE CURRENT WEEK'S CHECK RUN, FOR PICK UP AFTER 10:00 AM FRIDAY

INCLUDE NAME, ADDRESS, ZIP CODE AND FAX NUMBER OF FIRM.
IF VALUED AT $5,000 OR GREATER, BIDS MUST BE ATTACHED.

VENDOR / PAYEE: *FULL NAME & PERMANENT HOME MAILING ADDRESS*	*PO SHIP TO ADDRESS (OTHER THAN THE UNIVERSITY) OR USE* *FOR ALTERNATE MAILING ADDRESS FOR CHECK REQUESTS*

VENDOR/PAYEE PHONE #:   **VENDOR/PAYEE EMAIL ADDRESS:**

VENDOR/PAYEE FAX #:

QTY	DETAILED DESCRIPTION	UNIT PRICE	TOTAL AMT

	GRID FOR DEPOSIT ONLY
NOTES (EX. WILL PICK UP CHECK, CHECK NEEDED DATE, MAIL FORMS WITH CHECK, ETC.):	**CHECK TOTAL:**
	CASH TOTAL:
	COIN TOTAL:
	DEPOSIT TOTAL:

REQUESTED BY: **FACULTY ADVISOR/ADMINISTRATOR:**

_____   _____

STUDENT EXEC BOARD SIGNATURE   PHONE #   **ADVISOR/ADMINISTRATOR SIGNATURE   PHONE #**

COMPTROLLER

DATE DUE: *OFFICE USE*	

PO # *OFFICE USE*	