PURCHASE INPUT FORM

NO ADMINISTRATOR SIGNATURE REQUIRED FOR REQUISITION OR RFC. ADMINISTRATORS APPROVE THROUGH MUNIS WORKFLOW.

DATE OF REQUEST:		DEPT NAME/ORG:	

PURCHASE TYPE:		PURCHASE INITIATED BY:	
Purchase Card:		Club/Department:	
Requisition #:		Requested by:	
RFC #:		(PRINT NAME)	

APPROVED VENDOR :		VENDOR #:	
VENDOR CONTACT INFO:		ESTIMATED COST:	$

FUNDING FOR PURCHASE:					**PURCHASE CARDS ONLY**
Account		**AVAILABLE BALANCE**		**Verified?**	**Principal/Director Approval**
Budget?		$	BT:		X
Account		**AVAILABLE BALANCE**		**Verified?**	**Principal/Director Approval**
Activity Fund?		$	BT:		X
SAF assignment name & number:		1CARD NAME:			

Order Description:

** ENTER SHORT DESCRIPTION OF PURCHASE, if you attach a quote or shopping cart enter "see attached Quote" or "Cart attached" **

ORDER DATE: _____ INVOICE #: _____

BUDGET CODE: _____ TOTAL COST: $ _____

STATEMENT ID: _____ TRANSACTION ID: _____ DATE ITEMS/SERVICES RCV'D: _____

ORDER DATE: _____ INVOICE #: _____

BUDGET CODE: _____ TOTAL COST: $ _____

STATEMENT ID: _____ TRANSACTION ID: _____ DATE ITEMS/SERVICES RCV'D: _____

ORDER DATE: _____ INVOICE #: _____

BUDGET CODE: _____ TOTAL COST: $ _____

STATEMENT ID: _____ TRANSACTION ID: _____ DATE ITEMS/SERVICES RCV'D: _____

ORDER DATE: _____ INVOICE #: _____

BUDGET CODE: _____ TOTAL COST: $ _____

STATEMENT ID: _____ TRANSACTION ID: _____ DATE ITEMS/SERVICES RCV'D: _____

ORDER DATE: _____ INVOICE #: _____

BUDGET CODE: _____ TOTAL COST: $ _____

STATEMENT ID: _____ TRANSACTION ID: _____ DATE ITEMS/SERVICES RCV'D: _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

ORDER DATE: _____   **INVOICE #:** _____

BUDGET CODE: _____   **TOTAL COST:** $ _____

STATEMENT ID: _____   **TRANSACTION ID:** _____   **DATE ITEMS/SERVICES RCV'D:** _____

OVERAGE APPROVED BY: _____

                        PRINCIPAL / DIRECTOR SIGNATURE   **DATE**

SIGNATURE REQUIRED IF THE TOTAL FOR PURCHASES ON THIS FORM EXCEED THE "ESTIMATED COST" ENTERED ABOVE.