

PURCHASE REQUEST/APPROVAL FORM

(To be completed for all purchases)

DEPARTMENT: _____ Date: _____

Check One: Capital _____ Expense _____
(See *Capital Acquisition Policy for Guidance*)

Check One:
Unbudgeted _____
Budgeted _____ If Capital: Line Number _____
Amount Budgeted _____

Date Needed: _____

ITEM: _____

_____ COST: _____

VENDOR (if known): _____

Attach vendor information if available.

Explanation for request if item is not budgeted: _____

Submitted by: _____ Department: _____
(Department Manager)

Required Approvals: See Signature Authority Policy for Guidance

Director Approval: _____ Date: _____

Vice President Approval: _____ Date: _____

CFO Approval: _____ Date: _____

CEO Approval: _____ Date: _____

Date sent to Materiel Manager: _____