



**University of Central Florida
Activity & Service Fee Business Office
Purchase Request Form
FY 2016 2017**

Organization Name	Allocation # or Budget Line	Today's Date
Initiator (print) Phone _____	Advisor Name (print)	Date of Event (if applicable)
E-Mail Address	Advisor Signature	Event Location (if applicable)

Recommended Vendor _____ Contact _____ Address _____ City/State/Zip _____ Phone _____ Email _____	(A&SF Business Office Use Only)
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Item #	Description - Attach all quotes and/or any documentation	Quantity	Unit Price	Total

Vendor Payment Options: Credit Card Check **Grand Total**

Justification / Use of item(s) - **REQUIRED**

Benefit to the Student Body - **REQUIRED**

Only those individuals or positions on the A&SF Business Office's authorized signature list may sign below, and only those Student Organizations registered with the Office of Student Involvement that have received an SGA-approved allocation or bill may request funds for purchases. All purchase requests need to be made at least **ten business days** prior to the time that items and/or services are required. Please take into consideration required production/shipping times of the vendor. All purchase requests must follow all guidelines set forth by the Student Government Finance Code and the A&SF Business Office's Financial Training . All authorized signatories must have successfully completed the A&SF Business

IDT BY: Other ASF Dept # Account #
 PO P-Card Name

Authorized Signature (1)	Date	Authorized Signature (2)	Date	ASFBO Accountant Signature	Date	ASFBO Requisition Approver
Print Name		Print Name		Requisition #		Initials Date