USG Purchase Order Request

About You:
Today’s Date: __________________ Date Disbursement Needed: __________

Requestor: ____________________________ Phone: __________________________

Email: _______________________________

Preliminary Information:
Reason for Request: ______________________________________________________
________________________________________________________________________

Requested Amount: $ __________ Budget Line Item: __________________________

Company Info:
Company Name: __________________________________________________________

Address: ________________________________________________________________

City: ____________________ State: ________ Zip: __________ EIN: _____________

Fax: _____________________ Tele: __________________

Total Amount Requested: __________

PLEASE ATTACH A QUOTE AND A W-9!

Supplementary Information:
Did you attach a quote? _________
Did you attach a W-9 form? _________

I, the undersigned Cabinet Director, Senator or Executive, certify that the above information is accurate and complete.

Director or Senator Signature: _____________________________________________

Director or Senator Name: ____________________________________________

(For Office Use Only!)

W-9 attached: __________ Quote attached: __________

1. Approved by Treasurer: ________

2. Accounted for: ________

3. Approved by Advisor: ________

4. Purchase Order Issued: ________

5. Purchase Order Sent: ________

6. Invoice Received: ________

7. Bill paid: ________