

LPO REQUEST

This form must be received by Student Affairs 1 week prior to purchase. **Approval is necessary PRIOR to purchase.** All other purchases become the sole responsibility of the individual. **Once this form is approved you must complete a CHECK VOUCHER for reimbursement.**

Name: _____ Phone: _____

Today's Date: _____ Purchase date: _____

Club/Organization: _____

Club fund number: _____

Circle One: Will bill be paid from Club Funds or Allocated funds?

Reason for purchase: _____

Contact vendor to find out if they will accept LPO _____

Vendor name: _____ Phone: _____

Contact at Vendor: _____

Vendor address: _____

Date/time you will pick up LPO? _____

<u>Item name</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Extended Amount</u>
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1.

2.

3.

4.

5.

Approval Signatures:

Moderator _____ **Date** _____

Treasurer _____ **Date** _____

DOS _____ **Date** _____

