

VENDOR INFORMATION

| | |
|-------------------|--|
| Company/Name: | |
| Contact: | |
| Phone: | |
| Email: | |
| Street: | |
| City, State, Zip: | |

REQUESTOR INFORMATION

| | |
|-------------------|--|
| Requestor: | |
| County/Unit/REC: | |
| Phone: | |
| Email: | |
| Street: | |
| City, State, Zip: | |

Date Range of Event/Work or Date Items needed by: _____ Agreement/PO#: _____

Paying Supplier by card? Yes ☐ No ☐ Type: Pcard ☐ T&E ☐ ****Note Capital Assets & Covered Services cannot be paid by card****

Business Purpose:

| Line | Quantity | UOM | Description | Unit Price | Total |
|-----------|----------|-----|-------------|------------|---------|
| A | | | | | \$ 0.00 |
| B | | | | | \$ 0.00 |
| C | | | | | \$ 0.00 |
| D | | | | | \$ 0.00 |
| E | | | | | \$ 0.00 |
| F | | | | | \$ 0.00 |
| Comments: | | | | Sales Tax | |
| | | | | Shipping | |
| | | | | TOTAL | \$ 0.00 |

Chart String

| GL/PPM | Entity | Fund | Financial Dept. | Purpose | Program | Project | Activity | Task | Percentage | Amount |
|-----------|--------|------|-----------------|---------|---------|---------|----------|------|------------|---------|
| Select... | | | | | | | | | | |
| Select... | | | | | | | | | | |
| Select... | | | | | | | | | | |
| | | | | | | | | | 0.00% | \$ 0.00 |

APPROVALS

Area/County/Unit/REC Director signature

Fiscal Officer signature

(Required for SWPR/REC)

PI signature (if using Award/Grant funds)

AVP signature

(Required for \$100,000+)