

SGA Treasurer:

ASMS President:

would be necessary or helpful for the approval process.

Director of Student Affairs: _____

PURCHASE REQUISITION / PURCHASE ORDER

P.O. # _____

Date: ____

Date: _____

Date:

For Students

Alabama School of Mathematics and Science 1255 Dauphin St. Mobile, AL 36604 Finance Office: 251-441-3181

Club or Event: _____ Date of Event: _____ Student Shopper: _____ Email: _____ Additional information about purchase: funding, grant, postmark deadline, attachments, etc. Check One: Vendor will provide invoice Invoice attached, issue Check Vendor requires purchase order and will invoice Walmart Charge Card American Express Charge Card Personal Reimbursement (attach original receipts) Vendor or check payable to: Vendor Address: Vendor Contact: Allow extra processing time for a new vendor for required documentation such as a Fed. Form W-9 Item# Description Qty Unit Type Unit Cost **Total Cost** Estimated Shipping/Handling: Total: Approval Signatures: Club President: Date: Date: _____ Sponsor:

Submit to Director of Student Affairs with Activity Form and/or Room Reservation Form, and any supporting documentation that