



**CHARTERED STUDENT CLUB
PURCHASE REQUEST FORM**

Request Date: _____ Name of CSC: _____ Date of event: _____

Vendor Name: _____ Vendor Contact: _____

Vendor Address: _____ Vendor Phone Number: _____

ITEM DESCRIPTION	QUANTITY	COST PER ITEM	TOTAL AMOUNT	PURPOSE OR USE OF ITEM(S) TO BE PURCHASED
Purchase Request Total			\$	

CSC will pick up item(s) from vendor and will show proof of receipt.

CSC will be make arrangements to accompany Student Activities Rep or pick up items at the Student Activities office.

Date: _____ Time: _____ Location: _____

Agency Account Number: **8001**- _____ 1010 Account Number: **1010**- _____

Printed Name of CSC *Officer* Obtaining Quote

Signature of CSC *Officer* Obtaining Quote

Printed Name of CSC *Advisor* Approving Quote

Signature of CSC *Advisor* Approving Quote

Student Activities Representative Approval