

Central Florida Community College - Office of Student Life Purchase Form

Please submit at least 10 business days prior to any event/purchase

General Information

Sponsoring Club/Organization:		
Contact Information:		
SAB Event <input type="checkbox"/>	Club Event: <input type="checkbox"/>	Date:
Location:		Time:
Purpose of purchase:		
Estimated Cost:	Budget Number:	GLC:

Advisor Signature

Date

Purchase Request

If this a request for shopping, please list two dates that you are available:

Locations for shopping:

***Vendor information is required for all purchases.**

Type of Request: Select Payment Type	Date Needed:
Amount Requested:	
Vendor Name:	
Vendor ID No:	Contact No:
Address:	
<input type="checkbox"/> Mail Check	<input type="checkbox"/> Pick Up Check <input type="checkbox"/> Call in P Card

Type of Request: Select Payment Type	Date Needed:
Amount Requested:	
Vendor Name:	
Vendor ID No:	Contact No:
Address:	
<input type="checkbox"/> Mail Check	<input type="checkbox"/> Pick Up Check <input type="checkbox"/> Call in P Card

Type of Request: Select Payment Type	Date Needed:
Amount Requested:	
Vendor Name:	
Vendor ID No:	Contact No:
Address:	
<input type="checkbox"/> Mail Check	<input type="checkbox"/> Pick Up Check <input type="checkbox"/> Call in P Card

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Office Use Only

Approved Denied

Shopping Dates/Times:	
Date Received:	Date Completed:
Office of Student Life Staff Member:	

