

SLU 10800 • PH: 2064 • FAX: 3810

REQUESTED BY: (Print)		Date	of Request:			
REQUESTER'S SIGNATURE REQUESTER'S EMAIL		ACCO		Paypal		
			еВау	Other		
REQUESTER'S PHONE #		┩ ̄		-		
Item# ★	Description	Q	ty Unit Measure	Unit Price	e Total Price	
					_	
Enter a brief de	escription for the business pur	rnose of each item list	ted above. Use as	senarate she	pet if necessary	
* Attach add	ditional item information su	ich as screen shots	from on-line cal	talog, etc. t	'o this form 🖈	
Cost Center (s)	Program or Projec	et	Grant	Spend Cate	gory Total	
Cost Center Head Name (print or type)		Cost C	Cost Center Head Signature and Date			
Sponsored Research & Prog	grams Signature (if applicable)					
				Date		
Client Services Signature (re	equired for computer-related pur	chases)		Date		
	SEND AN EMAIL TO YOUR PROC	CUREMENT SPECIALIST	WHEN GOODS ARE	RECEIVED		
D	◆ FOI	R PURCHASING ONL				
Reviewed By		Date	Total		Received	

ONLINE ACCOUNT
PURCHASE REQUEST FORM
FOR PURCHASES NOT REQUIRED TO BE ENTERED IN WORKDAY

E-mail completed form and item link(s) to your buyer and put the original signed form in Campus Mail