

FLORIDA STATE UNIVERSITY PANAMA CITY
STUDENT ORGANIZATION PURCHASE REQUEST

CONTACT INFORMATION		
Organization:		
Primary Contact:	Phone:	FSU Email:
Secondary Contact:	Phone:	FSU Email:
Event Name:		Date Need By*:

PURCHASE INFORMATION		
Vendor:		
Contact Name:	Phone:	Email:
Billing Address:		
Website:		

Please complete the reverse side for specific purchase item requests.

FOR OFFICE USE ONLY			
Bill #:	Date Passed:	Budget #:	Account #:
Purchased:	Initial:	PO or Receipt #:	Final Cost:
Received:	Initial:	Picked Up:	Initial:

This form **must be submitted to the Student Government Council Advisor no less than 10 business days in advance of the date needed by.*

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Item #	Description	Quantity	Unit Price	Total
<i>An official quote or online shopping cart may be attached instead provided it contains all of the above information.</i>			Subtotal	
			Shipping	
			Total Cost	

I certify that all items purchased will be utilized in a manner consistent with the Activity & Service Fee policies and that the original invoice(s) will be submitted within 48 hours of the event or of the received item(s).

Printed Name

Signature

Date

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