



Purchase Request / Check Request Form

Date: _____

- Mail
 Hand Deliver

Check Request

Debit Purchase

Purchase Request ** pre-authorization required if expense will be over \$250**

Cash Advance

Payable to _____

Street Address _____

City _____ State _____ Zip Code _____

Invoice Number _____

Comments _____

Account Distribution

Account Number	Account Name	Item Purchased/Requested	Amount
		TOTAL	

Authorization

Requested by _____

Date _____

Approved by _____

Date _____

approval required for purchases over \$100

Finance Office Use Only

Form 1099 payee _____

W9 received _____

****1099 PAYEE CHECKS WILL NOT BE ISSUED UNTIL FORM W9 IS RECEIVED BY FINANCE OFFICE****