

Purchasing Requisition

Send form directly to the Purchasing Office
Incomplete forms and any request without required documentation will be returned

PAYEE INFORMATION	DEPARTMENT INFORMATION
Vendor Number:	Department Name:
Vendor Name & Remittance Address:	Requestor/Initiator:
	Requestor/Initiator telephone number:
	PAYMENT INFORMATION
Construction related Yes No	Check Total Amount: _____
I.T. related Yes No	Date Check Needed: _____
	Check here if you wish AP to hold the check for pick-up (do not mail)
	Picked up by: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Signature Date </div>
	Mail Attached with Check (Must provide 2 copies: File copy/Mailing copy)

DESCRIPTION OF GOODS OR SERVICES

Please check all that apply: **Restricted** **Unrestricted**

By signing this Payment Request, the individual is certifying that he/she is authorized on behalf of Saint Augustine's University, that the charges are appropriate and the charges are legitimate expenses within the University guidelines.

Account	Amount	Invoice	Fund	Department	Program	Class	Bgt Yr	Project/Grant

APPROVAL: I certify that the expense(s) itemized above has been reviewed and is an accurate, allowable, and appropriate expenditure. It is within my budgetary authority to approve the above expense(s).

 Signature of Authorized Approver and Date
 (Required & must be different than requester above)

 Restricted Purchases:
 Sponsored Programs and Date

 Signature of Business Office and Date

 Restricted Purchases: Grant Accounting