**Purchase Request Form**

Complete this form in its entirety and obtain required signature. Turn in to the Purchasing Inbox if they will complete the purchase. If you complete the purchase, retain form and submit along with a Check Request Voucher and proof of purchase for reimbursement.

Name: __________________________________ Room No: _____ Date: __________

Select Program (and Department when applicable)

- ☐ ELM/MLN
- ☐ SEC/MLN
- ☐ AUTISM
- □ Maddux
- □ Stevens
- ☐ ELM/ASP
- ☐ SEC/ASP
- ☐ Project Search
- □ Outreach
- □ Foundation
- ☐ SEC/PHS

Supplier Information

Name: ____________________________ Address: ____________________________
Website: ____________________________
Contact: ____________________________
Email: ____________________________ Fax Number: ____________________________
Phone Number: ____________________________

Purpose for Purchase: _____________________________________________________

Purchase will be completed by: □ Person filling out this form □ Business Office

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Unit</th>
<th>Description</th>
<th>Account #</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
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<tr>
<td></td>
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<td>Accounting Use Only</td>
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<td></td>
</tr>
</tbody>
</table>

Total Purchase Amount: ____________________________

Director/Supervisor Approval: ____________________________ Date: __________

For Accounting Use Only

Order Placed by: ____________________________ Date Order Placed: ____________
Accounting Manager Approval: ____________________________ Date of Approval: ____________