

TARLETON STATE UNIVERSITY REQUEST TO PURCHASE

Department: _____ No. _____ Date: _____

Contact Person: _____ Phone No. _____

Please Purchase the Following:

QUANTITY	DESCRIPTION OF ITEM (Be specific--type, size, brand, etc.)	UNIT PRICE (If not known estimate carefully)	PRICE
	DELIVER TO: INVENTORY ACCT IF APPLICABLE: _____		
	TOTAL PRICE		

Complete addresses of vendors where above items may be purchased.

Failure to supply pertinent facts may require its return to you for completion.

I hereby certify that I have checked my paid vouchers and unpaid orders and have funds available for the above items.

Signed _____
Head of Department

Approved: _____

Approved: _____
Controller