PURCHASING FORM

☐ PURCHASE ORDER (PO)  ☐ PURCHASING CARD (P Card)  ☐ MIXED NUTS TRANSFER

VENDOR INFORMATION
Vendor Name: ___________________________  Phone #: ___________________________
Full Address: ________________________________________________________________

GROUP INFORMATION
Group Name: ___________________________  Contact Person: ______________________
Contact Email: _________________________  Contact Phone: ________________________  Account Number: ______

DETAILED EXPLANATION OF PURCHASE
☐ MEETING FOOD  ☐ EVENT FOOD  ☐ TRIP/OTHER EXPENSES
Meeting/Event Date: ___________________  Trip/Other Date(s): ___________________
Description of Item(s): _______________________________________________________

Sub-Total: $ _________  Delivery Fee/Tip (Cannot exceed 15%): $ _________  Total Requested: $ _________

SIGNER AUTHORIZATION
Print Name: ___________________________  Signature: ___________________________  Email: __________
Print Name: ___________________________  Signature: ___________________________  Email: __________

Approved By: ___________________________  Date: ________________

☐ Assistant/Associate Dean of Students
P-Card Appointment Availability:
Mon: _________  Tues: _________  Weds: _________  Thurs: _________  Fri: _________

RECEIPT SUBMISSION
Receipt Total: $ ________________  (receipt total cannot exceed P.O. amount)

Submitted by (please print): ___________________________  Email: __________@hampshire.edu

☐ Please attach your ORIGINAL receipts to the back of form (within 10 business days of use) and submit to Campus Leadership & Activities.