

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.

CLA USE ONLY:

Form Received: _____ Req Entered: _____ PO Number: _____

P-Card Appt: _____ Recpt Rcvd: _____ Accepted: YES / NO DATE: _____