

**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) Date Submitted: \_\_\_\_\_

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: \_\_\_\_\_