

KUA PURCHASE ORDER AND CHECK REQUEST



Check

Credit Card

Purchase

Date of Request _____ Date Needed _____

Payee / Source _____

Address _____

Program Purpose
(Class or Program) _____

Grant billed to
(if known) _____

Are there funds remaining in budget / Grant to cover this request? Yes No Maybe

If No, how do you plan to pay for? _____

If items(s) need to be ordered by Internet or phone - please check here

If items(s) need bid process - please check here (3 bids required)

Additional Ordering instructions _____

Please attach order forms, entry forms, copies of catalog pages, etc.

Item Description _____

Estimated Total Cost \$ _____ To Be Ordered By _____

Requested by _____ Date _____

Approvals (2 approvals required for Capital Items or over \$5000) - Tom 2nd Approval

KUA Program Purchases

General Office Supplies

Technology/IT

Program Director/Director of Academics

Office Manager/Director of Academics

Program Director/Director of Academics

Tom Cole

Tom Cole

Tom Cole

(Accounting/Purchasing Use Only)

Account No & Class / Grant _____