



University of Central Florida
 Activity & Service Fee Business Office
 Purchase Request Form
 FY 2008 - 2009

Organization Name	Budget Line or Allocation #	Today's Date
Initiator (print) _____ Phone _____	Advisor (print) _____	Date of Event _____
E-Mail Address _____	Advisor Signature _____	Event Name / Location _____

Recommended Vendor _____ Contact _____
 Address _____
 City/State/Zip _____ Phone _____

(A&SF Business Office Use Only)

Item #	Description - <i>Attach all quotes and/or any documentation</i>	Quantity	Unit Price	Total
Grand Total				

Justification / Use of item(s)
Benefit to the Student Body

Only those Finance Officers on the ASF Business Office's Authorized Signature List may sign below, and only those Student Organizations registered with the Office of Student Involvement may request funds for purchases. All purchase requests should be made 2 weeks prior to the time that items and/or services are required, and must follow all guidelines set forth by the Student Government Finance Code and the A&SF Business Office's Financial Officers Workshop. By signing below, you are certifying that you understand these rules and will abide by them.

Authorized Signature (1)	Date	Authorized Signature (2)	Date	ASF Business Office Signature	Date
Print Name		Print Name		Requisition #	