



# Staff Purchase Request / Pre-Approval Form

*Our Vision: Students will graduate with the skills and knowledge to continue their growth as positive contributors to a diverse society.*

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Account/Funding Source: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Preferred Method of Order:  Employee makes purchase and is reimbursed.  Check Request  
 Office will purchase.  Other

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Website: \_\_\_\_\_

Qty	Item #	Description / Purpose	Unit Cost	Total
<b>Grand Total</b>				

Approved by: \_\_\_\_\_  
*Print Name and Title (Dept Coordinator or ASB Advisor)*

\_\_\_\_\_  
*Signature*

**To Be Completed by Office Staff**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Order/Payment:  
 Petty Cash (Employee makes purchase and is reimbursed) \_\_\_\_\_  
 ProCard (Office will purchase) \_\_\_\_\_  
 District Order (Office will place order as appropriate) \_\_\_\_\_

Notes (if any): \_\_\_\_\_

Available Funds: \$ \_\_\_\_\_  
 Date Verified: \_\_\_\_\_  
 Bookkeeper: \_\_\_\_\_