

Associated Student Activities PURCHASE ORDER REQUEST FORM

Submit this form to ASA only. It is used to generate the official Purchase Order.

DATE: _____

FUNDING SOURCE=FS

(Check applicable boxes and show splits in FS column below):

UNRESTRICTED (30 FS) (funds raised by organization)

UPAC Funds (10 FS)

SPLIT PURCHASE ORDER (30 UNRESTRICTED FS & 10 UPAC FS)

Indicate the **accurate** Object Codes & specify the exact amounts to come from 30 Unrestricted Funds & 10-UPAC Funds, as outlined in your UPAC Allocation Letter

ACTIVITY FEE (40)

ACTIVITY CODE (if applicable) _____

ORG/ACCT # _____

ORGANIZATION: _____

IF UPAC FUNDED ID# _____

VENDOR NAME _____
(the person you are paying)

EXPENSE DESCRIPTION:	FS	OBJECT CODE	AMOUNT
TOTAL \$			

x _____
Approved Officer Signature

E-MAIL