

OFFICE OF STUDENT LIFE PURCHASE

Please submit at least 10 business days prior to any event/purchase.

General Information			
Sponsoring Club/Organization:			
Student Legal Name:			
Email Address:	Telephone No.:		
Purpose of Purchase:			
Budget No.:			
-			
Club Officer Signature	Date: MM/DD/YY		
Advisor Signature	Date: MM/DD/YY		
Vendor information is required for all pur	rchases.		
Type of Request: Select Payment Type:		Date Needed:	
Amount Requested:			
Vendor Name:	Delivery Location:		
CF Vendor ID No.:	Contact Telephone No.:		
Address:			
Street/P.O. Box	City	State	Zip Code
Type of Request: Select Payment Type:		Date Needed:	
Amount Requested:	Time Needed:	Date i veeded.	-
Vendor Name:	Delivery Location:		
CF Vendor ID No.:	Contact Telephone No.:		
Address:			
Address: Street/P.O. Box	City	State	Zip Code
Tune of Decrease. Calcat Darragent True.		Date Needed:	
Type of Request: Select Payment Type:	Time Needed:		
Amount Requested: Vendor Name:	Time Needed: Delivery Location:		
CF Vendor ID No.:	Contact Telephone No:		
Address:			
Street/P.O. Box	City S	State	Zip Code
OFFICE USE ONLY			
Approved Denied	Date Completed:		
Shopping dates/time:	Actual Cost:		
Date Received:	Copy Sent to Club):	
Office of Student Life Staff Signature	Office of Student Life S	taff Signature	
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SA-SL8MKPR www.CF.edu 352-873-5800 Revised 9/6/2016 Page 1 of 1