Purchase Order and Credit Card Request Worksheet

Please print or type your information! Thank you

Organization Name		Date Received	
Event/Program		Date Processed	
Contact Name		Document Number	
Contact Phone #		Purchase Order Number	
Contact Email Address		Pcard Charge Month	
Date Needed/Date of Event		Receipt	Yes No
		P.O. __ P-card___ NIU ___ Other ___	

Vendor Information		**Accounting Data**	
Vendor Name		Suggested Vendor Code	
Vendor Address		GL	
City, State Zip		Fund	
Vendor Contact		Cost Ctr.	
Vendor Phone		Funct.	
Web site Address			

Reason for the charge/purchase & description of item(s) being purchased/paid for example; (quotes, confirmations, contracts). Attach any documentation (quotes, confirmations,	QTY	# of Units (each/case)	Unit Cost	Total Cost

PLEASE CHECK THE TYPE OF FUNDING BEING USED

UFB PROGRAM/EVENT APPROVED FUNDS ____

CLUB SPORTS _____ SALD ___ STUDENT GOV. _____ UFB EXEC BOARD ____

$300 OPERATING FUNDS ____

AIC FUNDS _____

SAB _____

NIGHTWALK _____

Advisor Signature & Date (Required)

Treasurer Signature & Date (Required)

PLEASE READ

I understand that if I do not provide a receipt within two weeks of an event, our group will be in jeopardy of not being able to use the charge card and funds will be frozen for the remainder of the academic year.