Office of Graduate Life

Club Purchasing Request Form

Total Estimated Cost: $_____

Date Purchase is Needed:

_____

**Requests received less than a week before needed will automatically be denied.*

Justification for Purchase:

_____

_____

_____

_____

Vendor Information:

Item	Quantity	Vendor -add links if available	Cost	Backup

Approval:

**Final approval is given by staff in the Office of Graduate Life*

- Faculty Advisor Name: _____
- Signature: _____
- Date: _____
- Approved ☐ Not Approved ☐
- Comments: _____

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