



BMED Purchase Request Form

Name of Requestor:		Date:	
Email Address:			
Type of Request:	<input type="checkbox"/> Requests for Department to purchase your items: * P-card (purchase <u>under</u> \$2,500.00) *Purchase Order (purchase <u>over</u> \$2,500.00)		
Purpose of Purchase:			
Total \$ Amount Requested:			

If you would like the department to purchase items, complete the following:

	Part Number & Description	Qty	Price/Ea
Vendor:			
Website:			
Phone No:			

Request MUST include Acct Code to be processed

Total: _____

Indicate Fund Account Code here:

Adviser Approval

Date:

- ❖ See signature authority assignment for each account code
- ❖ Dept Chair signature required on any purchase over \$1,000.00

Dept Chair Signature

Date: