Select Your Department

Request Date:	**Date Needed:**
Name of Person Requesting Item:	
Room #:	**Telephone:**
Was this on your approved budget?	☐ **Yes** ☐ **No**

Vendor Name: ____

Quantity	**Item#**	**Description**	**Price ea.**

Please attach any additional information, such as price quote from vendor or item description.

Supervisor's Approval (required):____

IT Approval (required - if IT Equipment or Software):____________________________

Dr. Phillips Approval (if needed):____

Date Ordered: ____________________

Please return this form to the Business Office 288 Grinter Hall, after approval from Supervisor.