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| CAS Business Center Purchase Order Request Form |
| Preparer’s Name       | **Preparer’s Dept**       | **Today’s Date** Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| Date of Purchase:Click here to enter a date. | Items Purchased:      | Purpose:      |

**Supplies & Services**

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| **Required Financial Information** |
| Business Unit | Fund | Source | Dept ID | Program |
|       |       |       |       |       |

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| **Required for Contracts & Grants** | **Department Specific Information** |
| PC Business Unit | Project ID | Activity | Cost Code 1 | Cost Code 2 | Cost Code 3 |
|       |       |       |       |       |       |

*I have read and understand the University policy statement for purchase orders.*

Preparer’s Signature: Date:

*Please return this completed form to your department Administrative Manager with the appropriate supporting documentation.*