YONG B.O.C.

INTERNAL MATERIALS/ PURCHASE REQUEST

Please **check** one of the following:

- ☐ **PRF** Name On Card
- ☐ **Department Card** CC# (last 4 digits only)
- ☐ **Check Out/ Hospitality**
- ☐ **Request for Reimbursement**
- ☐ **Process/Pay Invoice (attachment required)**
- ☐ **Place Order (CHECK PRICE OBTAINED FROM BELOW)**
  - ☐ Quote Attached
  - ☐ Vendor Representative
  - ☐ Vendor Website
  - ☐ Other (Please explain)

Prepared by: _____

Date: _____

Requestor: _____

Email: _____

Deliver to: _____

_____

Required By Date: _____

Vendor Name: _____

Address: _____

_____

Phone: _____

Fax: _____

Please note :
-An itemized receipt is required for all credit card purchases & requests for reimbursement
-Alcohol cannot be purchased on University funds (PRF only)

PURPOSE: Describe why items are needed- (REQUIRED) _____

_____

ATTENDEES: _____

Item #	Qty	Catalog #	Description	Unit Price	Total
1					$ 0.00
2					$ 0.00
3					$ 0.00
4					$ 0.00
5					$ 0.00

IMR Total $ 0.00

Check Appropriate Box:

PRF ☐ (Do not enter account # for PRF transactions.)

Purdue ☐ (Provide account information below)

Purdue Accounting Allocation Information (*need Fund and Cost Center and/or Order*)						
Bus Area	**Fund**	**Cost Center**	**Int Order or SIO**	**G/L Account**	**WBS**	**Amount**

_____ _____

Departmental Approval Date

_____ _____

Authorized Comptroller Approver Date