**RU Student Activity**

**Purchase/Payment Request**

VISA Card

 Charge Date \_\_\_\_\_\_\_\_\_
Recorded Date \_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **PR #**  |  | **PO #** |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested By:**  |  | **Email**  |  |
| **Phone:** |  | **RU ID:**  |  | **Date:** |  |
| **Fund:**  | **Organization**: |   | **Acct. Code** |  | **Program**:  |
| **Account Name:** |  |  |  | **DUN’S : #** |  |
| **Vendor Name:**  |  |  |
| **Address:**  |  |
| **Phone:**  |  | **Fax**  |  | **Tax ID/SS #**  |  |
| **VENDOR CONTACT:****Date Needed By:**  |  | Does vendor accept VISA? **[ ]  yes*** **Mail check by \_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Pick up check at cashiers office**

 **by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * **Please fax PO to Vendor**
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| --- | --- | --- | --- |
| Event/Category:  |  | Date of Event:  |  |
| My signature indicated that I will be responsible for this payment if receipt is not given to Acct. Manager within 3 days of purchase & provide a list of names when applicable. |
| Signature:  |  | Print Name: |  |

 **Office Use Only**

|  |  |
| --- | --- |
| Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ |
| Assoc. VP for Student Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ |
| VP for Student Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Date item(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Partially Filled: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Mailed to AP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |