

PRE-APPROVAL FORM/REQUISITION FOR FUNDS-UNIVERSITY UNIONS/FAFB

**** STUDENTS COMPLETE THE BOLD SECTIONS ****

Organization _____
 Requested by _____
 Phone/Email _____
 Event /Purpose _____
 Vendor Name _____
 Address _____
 City, State, Zip _____
 Vendor Phone _____

Date Submitted _____
 Date Needed _____
 Budget Account _____
 Purchase Order _____
 Limited Check _____
 Direct Payment _____
 Charge Card _____
 PROCARD _____

Item #	Quantity	Unit	Description	Reference Number	Unit Price	Total Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
					Total	

Special Instructions:

Signatures for Approval:

<input type="checkbox"/> Attachments	Student Requestor	Date:
<input type="checkbox"/> Quote Included	Secondary Approval	Date:
<input type="checkbox"/> Pick up PO	Organization Advisor	Date:
<input type="checkbox"/> Mail PO	SOFO	Date:
<input type="checkbox"/> Fax PO	Financial Affairs	Date:
<input type="checkbox"/> Mail Check	Assistant Vice Chancellor	Date:
<input type="checkbox"/> Pick up Check	Vice Chancellor	Date:
<input type="checkbox"/> Other	Approvals rec'd/email notification	Date:

COMMENTS:
 (Additional Justification, if needed.)

* PLEASE NOTE: Emergencies are defined as "situations which endanger lives, property, or the continuation of vital programs and require immediate, on-the-spot purchases of equipment, materials, supplies or services." (per ECU Purchasing Department)

** All items over \$2,500; Prizes over \$50; all contracts and contractual payments