

The University of Georgia
Athens, Georgia 30602
PURCHASE AND CHECK REQUEST

REQUEST CODE:
 (FOR UNIVERSITY BUSINESS OFFICE USE ONLY)

REQUEST NUMBER : **7480547**

TRAVEL AUTHORITY NUMBER (WHERE APPLICABLE) _____ DO NOT USE THIS SPACE

- P1-PURCHASE REQUEST
- 53-CHECK REQUEST (ENCUMBERED TRAVEL)
- 54-CHECK REQUEST (UNENCUMBERED ITEMS)
- PPD SHOP

DATE:	ACCOUNT NUMBER(S) TO BE CHARGED	DO NOT USE THIS SPACE	NAME OF ACCOUNT(S) TO BE CHARGED	AMOUNT	NEW UNENCUMBERED BALANCE
a.	95-93-GN606-056		GREPIT		
b.					
c.					
d.					

ENTER LETTER OF CORRESPONDING ACCOUNT NUMBER IN APPROPRIATE SPACE

OPERATING SUPPLIES AND EXPENSE
 TRAVEL
 EQUIPMENT
 OTHER:

SS NUMBER OVERRIDE: YES 1 NO 2

VENDOR NUMBER (DO NOT USE) _____ SOCIAL SECURITY NUMBER **123 45 6789** **MUST BE ENTERED ON ALL PAYMENTS TO INDIVIDUALS**

RECOMMENDED VENDOR OR REMIT TO: **John Doe**

DELIVER TO: (NAME) **John Doe** (DEPARTMENT) **EPIT**

(BUILDING) _____ (ROOM NO.) _____

VENDOR'S ADDRESS: **1 Nowhere Rd; Athens, GA; 3060#**

REQUESTED DELIVERY DATE: _____ REMARKS: _____

DIRECT DEPARTMENTAL INQUIRIES TO: _____ PHONE: _____

ITEM NO.	DESCRIPTION AND SPECIFICATIONS	QUANTITY AND UNIT	FOR UNIVERSITY BUSINESS AND FINANCE OFFICE USE ONLY	UNIT PRICE	TOTAL PRICE
<p>NOTE: BEFORE PAYMENTS CAN BE PROCESSED, PURPOSE OF HONORARIUMS MUST BE FULLY EXPLAINED ON THIS REQUEST FORM; SERVICES RENDERED BY CONSULTANTS MUST BE DESCRIBED IN THEIR SIGNED STATEMENT OR ON THEIR INVOICE AND ACCOMPANY THIS REQUEST.</p>					

PURCHASE REQUEST	CHECK REQUEST
PLEASE PURCHASE THE ITEMS OR SERVICES DESCRIBED ABOVE. IF PURCHASING EQUIPMENT WITH A UNIT PRICE OF \$500 OR MORE FROM FEDERAL FUNDS, SIGNATURE CERTIFIES EFFORTS HAVE BEEN MADE TO DETERMINE THAT EQUIPMENT IS NOT CURRENTLY AVAILABLE AT OTHER UNIVERSITY LOCATIONS.	THE ITEMS SHOWN ABOVE HAVE BEEN RECEIVED OR THE SERVICES PERFORMED AS STATED. PAYMENT OF THIS INVOICE WILL NOT OVERDRAW THE ALLOCATION FOR THE ABOVE.
DEPARTMENT HEAD : _____ (DATE)	DEPARTMENT HEAD : _____ (DATE)
DEAN OR DIRECTOR : _____ (DATE)	DEAN OR DIRECTOR : _____ (DATE)
VICE PRESIDENT : _____ (DATE)	VICE PRESIDENT : _____ (DATE)

ALL SECTIONS BELOW ARE FOR UNIVERSITY BUSINESS AND FINANCE OFFICE USE ONLY. PUR-16-94

DELIVERY TIME _____ PAYMENT TERMS _____ FOB: _____ DESTINATION/OTHER _____ PREPAY FREIGHT AND ADD TO INVOICE _____

VENDOR ID# _____ GEO. CODE _____ STATE/AGENCY CONTRACT NO. _____ TYPE OF PURCHASE _____ U.G. DEL. CODE _____

OVERRIDE
 PAYMENT
 LOCATION
 LOCATION

YES	1		
NO	2		

FULL	1		
PART	2		

SEND TO UNIVERSITY BUSINESS OFFICE

CLARKE	1		
GEORGIA	2		

USA	3		
OTHER	4		