College of Design Purchasing Form

Date Requested: ____________________

Requester's Name: ______________________________

Date Needed: ____________________

Purchase Order Request ●

○ VISA **Purchasing Card Transaction**

UMN P-cards cannot be used for Alcohol, Capital Equipment, Professional Services/Consulting, Lodging, Travel Meals, Cash Advances, or Personal Expenses

P-Card Holder's Name: ______________________________

Employee ID: ______________________________

Phone/E-mail: ______________________________

Professional Service ○

Date of Purchase: ______________________________

Cardholder Signature ______________________________

I certify that these charges are valid and allowable on this account

Invoice or Check Request Attached - Please Pay ☐

Tape all reciepts to a 8.5 x 11 sheet of paper and attach to this form. If reciept is not available complete the In Lieu of Reciept Form

Qty	**Item #**	**Description** (Attach spreadsheet if more lines are needed.)	**Unit Cost**	**Total Cost**
				$ 0.00
				$ 0.00
				$ 0.00
			Total from Page 2	$ 0.00
			Estimated Shipping and Handling	$ 0.00
			Estimated Grand Total **	$ 0.00

Vendor Information

Vendor's Name: ______________________________

Phone: ______________________________

E-mail: ______________________________

Street: ______________________________

City: ____________________ State: __________ ZIP Code __________

Justification (Please be sure you are familiar with the University's **Justification Standards**)

Why is this purchase necessary? Who will be using this product/service? Where will it be located? When will it be needed?	

Account Information

Fund	**DeptID**	**Program**	**Project***	**FinEmpld**	**CF1**	**CF2**	**Account**	**CS**	**Amount**

* EFS Strings containing this field are **SPONSORED** and require PI/Faculty Advisor and CA Approvals before your request can be processed.

Dept Approver: ______________________________

PI Approval: ______________________________

Required for sponsored projects

Office Use

Review and approval may take up to three days. Please plan accordingly.

Vendor #:			
PO#s:	Date:	REC#s:	Date:

Purchase Request Attachment

Qty	Item #	Description	Unit Cost	Extended Price
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
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				$ 0.00
		Total this page		$ 0.00