

REQUEST TO PURCHASE

Purchases Over \$500

SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION								
DATE		1						
		MM/DD/YYYY						
G/L Acct	Dept	Fund #		Responsible Person				
(Subcode)	#	(1,2,3, or 4)	MSF Project #	(Assigned #)		Amount		
(, , , ,				
Requestor Informa					Payee Information			
NAME:	-			NAME:	-			
DIVISION:				STEET:				
DEPT:				CITY:				
BLDG:				STATE:	ZIP			
PHONE:				PHONE:	FAX:			
FAX:				SS#:				
QTY			CRIPTION		UNIT OF MEASURE	UNIT COST	TOTAL	
After departmental approvals are obtained, submit original of this form to COM Business/Accounting Office (CSAB 104) Attach quote. Total Due								
Special Instructions:						Total Duc		
opeolal motractions.								
			Ap	pprovals				
Requestor's Signature					_ Date:			
Department Approval					_ Date:			
COM Bus Office Approval					_ Date:			
SAMSF President Approval (Over \$500)					Date:			
Other Admin Approval (Over \$2000)					=			
Revised: September								