

Purchase Order and Credit Card Request Worksheet

Please print or type your information! Thank you

Organization Name	Aerocat's
Event/Program	SAE Competition
Contact Name	Scott Smith
Contact Phone #	(440) 991-7533
Contact Email Address	smith5sp@mail.uc.edu
Date Needed/Date of Event	12/31/2014

Vendor Information

Vendor Name	Klean design
Vendor Address	5378 W Chisum Trl
City, State Zip	Phoenix, AZ 85083
Vendor Contact	Kate Bakkila
Vendor Phone	(623) 340-0036
Web site Address	N/A

Date Received	
Date Processed	
Document Number	
Purchase Order Number	
Pcard Charge Month	
Receipt	Yes No
P.O. ___ P-card ___ NIU ___ Other ___	

Accounting Data

Suggested Vendor Code	
GL	
Fund	
Cost Ctr.	
Funct.	

Reason for the charge/purchase & description of item(s) being purchased/paid for example; (quotes, confirmations, contracts). Attach any documentation (quotes, confirmations,

Team gear

QTY	# of Units (each/case)	Unit Cost	Total Cost
1	1	\$ 340	\$ 340.00

PLEASE CHECK THE TYPE OF FUNDING BEING USED

JFB PROGRAM/EVENT APPROVED FUNDS ___

COPY OF APPROVED UFB FUNDING REQUEST MUST BE ATTACHED SHOWING APPROVAL

\$300 OPERATING FUNDS ___ AIC FUNDS ☒ CLUB SPORTS ___ STUDENT GOVERNMENT ___

UFB EXEC BOARD

ADVISOR/TREASURER SIGNATURE IS REQUIRED

BEARCAT LIVE ___ DIVERSITY ED ___ PAC ___ FRATERNITY/SORORITY ___ LEADERSHIP ___

NIGHTWALK ___ RAPP ___ SAB ___ SALD ___ WORLDVEST ___

ADVISOR SIGNATURE IS REQUIRED

MARK S. FELLOWS

Mark S. Fellows

Advisor Signature Print

Advisor Signature Sign

Scott Smith

Scott Smith

Treasurer Signature Print

Treasurer Signature Sign

PLEASE READ

I understand that if I do not provide a receipt within two weeks of an event, our group will be in jeopardy of not being able to use the charge card and funds will be frozen for the remainder of the academic year.