

Purchase Order and Credit Card Request Worksheet

Please print or type your information! Thank you

Organization Name	Aerocats
Event/Program	SAE Aircraft Design East
Contact Name	Scott Smith
Contact Phone #	(440) 991-7533
Contact Email Address	smith5sp@mail.uc.edu
Date Needed/Date of Event	ASAP

Vendor Information	
Vendor Name	kollegetown Sports
Vendor Address	6111 Pepsi Way
City, State Zip	Windsor, WI 53598
Vendor Contact	Abby Mazzie
Vendor Phone	(267) 844-2850
Web site Address	www.kollegetown.com

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,
Aerocats team is purchasing quarter zips with our school approved logo to wear at competition. The 1 time set up fee is included as the QTY 1 to the right. The quarter zips are the QTY 17.

QTY	# of Units (each/case)	Unit Cost	Total Cost
17	1	\$45	\$765
1	1	\$50	\$50

PLEASE CHECK THE TYPE OF FUNDING BEING USED	
UFB PROGRAM/EVENT APPROVED FUNDS	
(COPY OF APPROVED UFB FUNDING REQUEST MUST BE ATTACHED SHOWING APPROVAL)	
\$300 OPERATING FUNDS AIC FUNDS X CLUB SPORTS STUDENT GOVERNMENT	
UFB EXEC BOARD	
(ADVISOR/TREASURER SIGNATURE IS REQUIRED)	

Advisor Signature Print	Advisor Signature Sign
Scott Smith	Scott Smith 2/18/15
Treasurer Signature Print	Treasurer Signature Sign

BEARCAT LIVE DIVERSITY ED PAC FRATERNITY/SORORITY LEADERSHIP
NIGHTWALK RAPP SAB SALD WORLDVEST
(ADVISOR SIGNATURE IS REQUIRED)

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.