

Organization/Program Information	Account Name: _____
	Tag: _____ Expense Line: _____
	Initiator: _____
	Phone Number and Email(s): _____
	FAU Address (if purchase will be delivered): _____

Purchase Information	Event Name (if applicable): _____ Event Date (if applicable): _____
	Vendor Name: _____
	Purpose of Purchase: _____
	Benefit of Purchase to FAU: _____
	Type of Purchase:
	General Merchandise (food non-blanket, initial blanket purchase order set up, promotional items, printed items, performers or equipment)
	Existing Blanket PO
	Office Depot/Staples
Purchase Card, Name on pCard: _____ Email: _____	
On campus Department (Student Union, Campus Rec, Parking Services, Business Services, OIT)	
FAU Trademark business cards/Stationary	
Purchase Amount: _____	

Authorizing Signatures	Initiator: _____ Signature: _____ Date: _____
	Acct. Manager: _____ Signature: _____ Date: _____
	Advisor: _____ Signature: _____ Date: _____
	For Transactions >= \$1000 Director: _____ Signature: _____ Date: _____

ASAB Approval	
----------------------	--