

# Purchase Request Form

Rather than contacting the accounting staff member or the Business Center, please submit this form to the chair prior to any purchase. (If you have been authorized to purchase specific supplies for a grant, CDL, or other purpose and have authorization to use a University purchasing card, please use the Purchasing Card Transaction Voucher on the back of this form and attach your receipt to the form for approver signature.)

Date \_\_\_\_\_ Faculty Member \_\_\_\_\_

Item requested \_\_\_\_\_

Amount of Request \_\_\_\_\_ (attach specific ordering information)

I have an immediate need for this item. \_\_\_\_\_ This should be placed on the wish list. \_\_\_\_\_

Purpose or reason (be brief): \_\_\_\_\_

This will enhance (Check one or more):  Teaching;  Research;  Extension;  
 Outreach;  Professional Development

## Source of Funds (to be used)

\_\_\_\_\_ Grant -- Title of Grant \_\_\_\_\_

\_\_\_\_\_ Salary Savings -- Title of Grant \_\_\_\_\_

\_\_\_\_\_ Start up funds (if new faculty)

\_\_\_\_\_ Scholarly Enhancement (if in this program)

\_\_\_\_\_ Child Development Lab (must be approved by director)

\_\_\_\_\_ Family Resource Center (must be approved by director)

\_\_\_\_\_ Foundation Funds (specify fund)  
\_\_\_\_\_

\_\_\_\_\_ Departmental operating budget for *Teaching*

\_\_\_\_\_ Departmental operating budget for *Extension*

\_\_\_\_\_ Class Fees

\_\_\_\_\_ Extension revolving funds

\_\_\_\_\_ Departmental operating budget for *Research* (if you check this, check one item below)

\_\_\_\_\_ ARD project \_\_\_\_\_ Other Research \_\_\_\_\_ Hatch

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Cost Center # to be used (if known) \_\_\_\_\_

**University of Nebraska Purchasing Card Transaction Voucher**

**Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cardholder:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Vendor:** \_\_\_\_\_

**Description:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Purpose** \_\_\_\_\_

\_\_\_\_\_

**Project Name** \_\_\_\_\_

**Cost Object or Project Name** \_\_\_\_\_

**Accounting use-G/L Acct** \_\_\_\_\_

**Approver Signature** \_\_\_\_\_

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**Reconciler's Use Only:**

**Document Date:** \_\_\_\_\_

**Reference:** \_\_\_\_\_

**Posting Date:** \_\_\_\_\_

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**Department Chair Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form to:

Julie Lanxon  
Office Supervisor  
135 MABL  
CC 0236

\*Forms will be approved every Wednesday. Julie Lanxon will notify you via e-mail regarding approval of your request. The approved form will then be forwarded to either Nell or Brenda to place the order.

