

Middlesex Community College
Student Activities Office

PURCHASE REQUEST FORM

For SAO Use Only

Date SAO Received:

Person Submitting Request:

Received by:

Date of purchase request: _____

Club submitting purchase request: _____

Amount (actual or estimated) of this payment request: \$ _____ Date of Event: _____

NOTE: 7-10 BUSINESS DAYS REQUIRED TO PROCESS PURCHASING REQUEST FORM (PINK)

This request payable to (store name, vendor, etc.): _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Contact person: _____

(Please see back side of this form for more detailed information required).

Reason for this purchase request: _____

Date of club meeting in which the purchase request amount was allocated: _____

**NOTE: SAO MUST HAVE THESE AND ALL OTHER MEETING MINUTES ON FILE.
NO PAYMENT REQUESTS WILL BE PROCESSED WITHOUT PROPER MEETING
MINUTES AND ADVISOR/OFFICER SIGNATURES FOR APPROVAL.**

Signatures:

Club Advisor: _____

Club President/Vice President: _____

Club Treasurer: _____

Coordinator/Secretary of SAO: _____

For SAO Use Only:

Was this request approved: YES _____ NO _____

If no, explain:

