



Sport Club Purchase Request Form

Every field is required for form submission.
Your Club must know the balance of your allocated budget prior to purchase.

Sport Club: _____ Date: _____

Vendor Name: _____

Vendor Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Website: _____

Does the vender accept credit card payments: yes no

Vendor Contact Person (optional): _____

Need for items being requested: _____

Items Requested:

<u>Quantity</u>	<u>Model #</u>	<u>Item Name</u>	<u>Size</u>	<u>Price</u>	<u>Total Cost</u>

Shipping: _____

Grand Total: \$ _____

Please attach any invoices, additional documents or print-offs needed in order to complete purchase.

Person Requesting Purchase:

Name: _____ Position in Club: _____

Email: _____ Phone: _____

Allocated budget available: \$ _____ (It is your Club's responsibility to keep up with the amount spent from allocated funds.)

Approval Requested: _____ Approval Granted: _____

Club President *Date* *Competitive Sports GA / Assistant Director* *Date*

OFFICE USE ONLY

- Budget updated
- Receipt uploaded into Concur
- Item purchased _____
- Item received _____
- Inventoried _____