

# Authorization to Purchase

Submit this form **prior** to ordering/purchasing items using departmental funds. After receiving approval and making the purchase, submit receipts promptly to our financial manager's inbox in our main office.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Brief description of each item and its cost:

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Total purchase amount: \_\_\_\_\_

Index to be charged: \_\_\_\_\_

Charged to Purchasing Card?

YES

NO

\_\_\_\_\_  
requestor's signature

\_\_\_\_\_  
Director or PI (if grant funded) signature