**RU Student Activity**

**Purchase/Payment Request**

VISA Card

Charge Date \_\_\_\_\_\_\_\_\_  
Recorded Date \_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PR #** |  | **PO #** | |  | |
|  |  | |  | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Requested By:** |  | | | | | | | | | | **Email** | | |  |
| **Phone:** |  | | **RU ID:** | |  | | | | **Date:** | | |  | | |
| **Fund:** | **Organization**: | |  | | **Acct. Code** | | | |  | | | **Program**: | | |
| **Account Name:** |  | |  | |  | | | | **DUN’S : #** | | |  | | |
| **Vendor Name:** |  | | | | | | |  | | | | | | |
| **Address:** |  | | | | | | | | | | | | | |
| **Phone:** |  | | | **Fax** | |  | | | | **Tax ID/SS #** | | |  | |
| **VENDOR CONTACT:**  **Date Needed By:** | |  | | | | | Does vendor accept VISA?  **yes**   * **Mail check by \_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Pick up check at cashiers office**   **by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| * **Please fax PO to Vendor** | | | | | | |



|  |  |  |  |
| --- | --- | --- | --- |
| Event/Category: |  | Date of Event: |  |
| My signature indicated that I will be responsible for this payment if receipt is not given to Acct. Manager within 3 days of purchase & provide a list of names when applicable. | | | |
| Signature: |  | Print Name: |  |

**Office Use Only**

|  |  |
| --- | --- |
| Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ |
| Assoc. VP for Student Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_ |
| VP for Student Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date item(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Partially Filled: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Mailed to AP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | | |