



REQUEST TO PURCHASE

Purchases Over \$500

SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION

DATE					
					MM/DD/YYYY
G/L Acct	Dept	Fund #	MSF Project #	Responsible Person	Amount
(Subcode)	#	(1,2,3, or 4)		(Assigned #)	
Requestor Information			Payee Information		
NAME:			NAME:		
DIVISION:			STREET:		
DEPT:			CITY:		
BLDG:			STATE:		ZIP
PHONE:			PHONE:		FAX:
FAX:			SS#:		
QTY	DESCRIPTION			UNIT OF MEASURE	UNIT COST
TOTAL					
1. After departmental approvals are obtained, submit original of this form to COM Business/Accounting Office (CSAB 269)					Total Due
2. Attach quote.					
Special Instructions: _____					
Approvals					
Requestor's Signature _____			Date: _____		
Department Approval _____			Date: _____		
COM Bus Office Approval _____			Date: _____		
SAMSF President Approval (Over \$500) _____			Date: _____		
Other Admin Approval (Over \$2000) _____			Date: _____		
Revised: September 9, 2009					