

**Arkansas Tech University
Ozark Campus**

Purchase Request

P-Card Order Request

Req # _____ Entered by _____ Date _____ PO # _____

Vendor Name: _____

Vendor Website: _____

Vendor T#: _____

Index	Fund	Organization	Account	Program

Description (Item Number):	Quantity	Unit Price	Total Costs
Shipping and Handling			
Subtotal			
Tax	Rate %		
Grand Total			

Special Instructions:

Agency Funds? Yes No

The requested items will be used for:

Requested by: _____

Date: _____

Supervisor Approved _____

Date: _____

\$ Approved By: _____

Date: _____