



Send to:
 Student Activities
 4400 University Drive
 SUB I Room 101
 Fairfax, VA22030
 MSN: 2D6

PURCHASE ORDER (PO) REQUEST FORM

Instructions: Submit complete and signed Purchase Request (PO) Form to the SA Business Manager. If approved, you will receive the PO as an attachment via e-mail. Provide PO to vendor at the time services are rendered. **Submit** the invoice or receipt to our office **within five days** after event. Failure to do so may affect your organization's ability to receive future funding from SFB or SPF.

Additional Requirements:

- Attach a Food & Beverage Form, if purchasing food
- Purchase Orders over \$2,000 must be requested using a triplicate Purchase Requisition (PR) Form
- Attach a W9, if first time vendor to the University. When in doubt, ask vendor directly.

Deadline: This form **MUST** be submitted to us **five business days prior to event**. No exceptions!

VENDOR INFORMATION:	EVENT INFORMATION:
Name: _____	Event Name: _____
Tax Id Number: _____	Event Date: ____/____/____
Contact Person: _____	Event Description: _____
Telephone: _____	_____
E-mail: _____	PO Required By: ____/____/____
Address: _____ <small>(Number and street)</small>	<div style="text-align: center; font-weight: bold; font-size: small;">** Official Use Only **</div> Entered in eVa: Y N Date Entered: Date Emailed to Student: Entered By:
_____ <small>(City) (State) (Zip code)</small>	

FUNDING INFORMATION:	STUDENT ORGANIZATION INFORMATION:						
Please specify source of funding: Student Funding Board (SFB): _____ <div style="text-align: right; font-size: small;">(Amount)</div>	Org Name: _____						
Social Programming Fund (SPF): _____ <div style="text-align: right; font-size: small;">(Amount)</div>	Org Number: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"><tr><td style="width: 20px;">6</td><td style="width: 20px;">1</td><td style="width: 20px;">0</td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr></table>	6	1	0			
6	1	0					
Self-Generated Revenue (SGR): _____ <div style="text-align: right; font-size: small;">(Amount)</div>	Requestor's Name: _____						
Purchase Order (PO) Amount: _____ <div style="text-align: right; font-size: small;">(Amount)</div>	Requestor's Email: _____@gmu.edu						
	Requestor's Telephone: _____						

Requestor's Signature Print Name Title Date Requested