



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 two days** after the 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: _____ Tax Id Number: _____ Contact Person: _____ Telephone: _____ E-mail: _____ Address: _____ <div style="text-align: center; font-size: small;">(Number and street)</div> <div style="display: flex; justify-content: space-between; font-size: small;"> _____ (City) _____ (State) _____ (Zip code) </div>	Event Name: _____ Event Date: ____/____/____ Event Description: _____ PO Required By: ____/____/____ <div style="border: 1px solid black; background-color: #f0f0f0; padding: 5px; margin-top: 10px;"> <p style="text-align: center; margin: 0;">** Official Use Only **</p> <p>Entered in eVa: Y N</p> <p>Date Entered:</p> <p>Date Emailed to Student:</p> <p>Entered By:</p> </div>

FUNDING INFORMATION:	STUDENT ORGANIZATION INFORMATION:						
<p><i>Please specify source of funding:</i></p> Student Funding Board (SFB): _____ <div style="text-align: center; font-size: small;">(Amount)</div> Social Programming Fund (SPF): _____ <div style="text-align: center; font-size: small;">(Amount)</div> Self-Generated Revenue (SGR): _____ <div style="text-align: center; font-size: small;">(Amount)</div> Purchase Order (PO) Amount: _____ <div style="text-align: center; font-size: small;">(Amount)</div>	Org Name: _____ 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> Requestor's Name: _____ Requestor's Email: _____@gmu.edu Requestor's Telephone: _____	6	1	0			
6	1	0					

Requestor's Signature
Print Name
Title
Date Requested