

# Student Life & Services Fee Purchase Request FY 18-19

## Division of Student Affairs

Tracking	<input type="checkbox"/>
Budget	<input type="checkbox"/>

THIS FORM IS REQUIRED FOR ALL STUDENT LIFE & SERVICES FEE FUNDED EVENTS/PROJECTS. ALL REQUESTS MUST HAVE PRIOR APPROVAL. PLEASE CONTACT JULIE DANN AT [JULIE.DANN@UNF.EDU](mailto:JULIE.DANN@UNF.EDU); BLDG 58E/2319A; OR CALL (904) 620-5839 WITH QUESTIONS.  
**PLEASE ALLOW TEN BUSINESS DAYS FOR SAVP OFFICE REVIEW.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 TOTAL AMOUNT BANNER INDEX DEPARTMENT NAME

REQUIRED DOCUMENT CHECKLIST:			
PCARD:	REQUISITION:	DIRECT PAY:	CONTRACT:
<input type="checkbox"/> QUOTE	<input type="checkbox"/> QUOTE	<input type="checkbox"/> QUOTE/INVOICE	<input type="checkbox"/> QUOTE
<input type="checkbox"/> ARTWORK	<input type="checkbox"/> ARTWORK		<input type="checkbox"/> SIGNED CONTRACT

**FOR ALL PRINTED ITEMS CONTAINING GRAPHICS, APPROVAL HAS BEEN OBTAINED (BY REQUESTING DEPARTMENT) FROM MARKETING & PUBLICATIONS.**

4. \_\_\_\_\_  
 DESCRIPTION OF ITEM(S) TO PURCHASE

5. \_\_\_\_\_  
 PLEASE DESCRIBE HOW THIS ITEM(S) REQUESTED TO PURCHASE WILL ENHANCE CAMPUS LIFE

6. \_\_\_\_\_  
 EVENT NAME/BUDGET LINE DATE TIME LOCATION (BLDG./ROOM#) EST. ATTENDANCE

### VENDOR/PAYEE INFORMATION

7. \_\_\_\_\_  
 VENDOR NAME(S)

8. **BY SIGNING BELOW, I INDICATE THAT I UNDERSTAND THE POLICIES ASSOCIATED WITH EXPENDING THESE FUNDS.**

X \_\_\_\_\_ X \_\_\_\_\_  
 REQUESTER'S NAME DATE ASSOCIATE VICE PRESIDENT FOR STUDENT AFFAIRS DATE

X \_\_\_\_\_  
 DEPARTMENT HEAD/DIRECTOR'S SIGNATURE DATE