



Ole Miss
Campus Recreation

Purchase Request

Club Team: _____ Date: _____

Vendor Name: _____

Street Address/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Contact person (optional): _____

Email address (optional): _____

Need for items being requested: _____

Items requested:

Quantity	Model #	Item name	Size	Price	Total cost

Please attach any additional documents or printoffs

Grand Total: \$ _____

Approval Requested:

Approval Granted:

Club President *Date*

Coordinator of Sport Clubs *Date*

OFFICE USE ONLY

Amount requested: \$ _____

Remaining budget \$ _____

Submitted to Procurement Services

Staff Initials _____ Date: _____

Item received Date: _____