

P.R.S. FORM

• COMPLETE CONTACT INFO, AUTHORIZATION, AND CHOOSE ONE BOX.
• RETURN TO CAMPUS ACTIVITIES & ENGAGEMENT, SCTR L104



CONTACT INFO

ORGANIZATION NAME

CONTACT NAME

CELL #

EMAIL

AUTHORIZATION

ORG.

SIGNATURE

PRINT NAME

DATE

CA&E

SIGNATURE

PRINT NAME

DATE

PURCHASE

ATTACH DOCUMENTATION OR SCREENSHOT OF WEBSITE.
ATTACH A COPY OF THE DESIGN, IF APPLICABLE.

VENDOR NAME

EMAIL

WEBSITE / STORE

PHONE #

\$

AMOUNT / ESTIMATED COST

WHAT IS THE PURPOSE OF THIS PURCHASE:

DATE RECEIVED

PURCHASE MUST BE
COMPLETED BY THIS DATE:

Empty box for Date Received

Box for Purchase completion date with two diagonal lines indicating a date to be filled in.

REIMBURSEMENT

PURCHASE MUST BE PRE-APPROVED AND RECEIPT MUST BE
ATTACHED TO PROCESS AFTER PURCHASE.

CHECK PAYABLE TO, PRINT NAME

\$

AMOUNT

PURCHASED FROM

STREET ADDRESS

CITY

ZIP

*EXPLANATION FOR REIMBURSEMENT:

*DATE OF EVENT, REASON PURCHASE WAS NOT MADE
THROUGH STATE CONTRACT, ITEMS USED FOR, ETC.

NOTES:

LIST OF ITEMS

QTY.	DESCRIPTION	COLORS, SIZES, MODEL NUMBER, ETC.

IF THIS IS A **SHOP@UW** OR **ONLINE** ORDER,
SIMPLY ATTACH HARD COPY PRINTOUT OF
ITEMS TO BE ORDERED.

SEE ATTACHED

SPONSORSHIP

EVENT

EVENT DATE

SPONSORSHIP AMOUNT \$

ORGANIZATION NAME

NAME OF ORGANIZATION OR DEPARTMENT WITH
WHOM YOU WISH TO SHARE EXPENSES