College of Agriculture, Food and Environment

Dietetics and Human Nutrition

last updated: May 30, 2023

Purchase Request

Today's Date: _____

Requested by: _____

☐ **Check box if this request includes travel.**

Funding Source:_____

If funding source selected is Grant or Other please provide the WBS or cost object:_____

Item Detail: List items all items/services/**travel** that you are seeking approval to purchase/book, including a brief description of the item(s), quantity needed, estimated cost, the date you need the item(s), and the assigned SIO (if applicable). If you have a quote for the item(s), please attach it as additional pages to this request form. **If this request includes travel make sure to include all anticipated expenses to be incurred as well as the dates, location, and name of the conference.**

Business Purpose: A clear business purpose is required so that an approver, reviewer and/or auditor may reasonably conclude and agree that the expenditure supports or advances the goals, objectives, and mission of the University.

The DHN business office is committed to processing all purchase requests as quickly and accurately as possible. Our goal is to process each purchase request within two (2) business days of receipt. Please contact Whitney Rogers at 859-275-7750 or whitney.g.rogers@uky.edu with any questions or concerns related to this form or DHN purchasing processes.

Submit Request

BUSINESS OFFICE NOTES:

☐ Blanket request for recurring purchases in FY24 total annual purchase amount not to exceed _____. Individual purchases in excess of $500 will require separate approved purchase request.

- ☐ Procurement Card
- ☐ SRM
- ☐ Declining Balance Procurement Card
- ☐ PRD
- ☐ Concur Travel Request
- ☐ Prof. Travel Leave Request Required
- ☐ Internal bill/xfer/JV
- ☐ Disbursement Request
- ☐ Payroll

The Department Chair's signature below indicates approval of the purchase and authorizes the department business officer to move forward with the procurement process.

Tammy Stephenson, Ph.D., FAND
Department Chair, Dietetics & Human Nutrition

FOR BUSINESS OFFICE USE ONLY

Approved Purchase Request # 2024_____

PRD # 3000_____

SRM # 9000_____

Total Purchase Amount:_____

Concur Expense Key _____

PO # 7500_____

Concur Report Name:_____

Goods Receipt Date(s) _____ _____ _____ _____

Travel Request# _____

Invoice Posting Date(s)_____ _____ _____ _____

Travel Request Report Key _____

Payment Date(s) _____ _____ _____ _____

Document Number(s) _____ _____ _____ _____