

STEP 1: BASIC PURCHASE INFO

Purchase Date: _____

Purchaser Name: _____

Vendor Name: _____

Cardholder Name: _____

Amount: _____

Cardholder Dept: **81500 Dietetics & Human Nutrition**

Items Purchased:

Business Purpose:

STEP 2: PRE-AUTHORIZATION

REQUIRED FOR PURCHASES > \$1,000

EXPLAIN ANY EMERGENCY PURCHASES MADE W/O PRE-AUTHORIZATION IN BUSINESS PURPOSE ABOVE

Supervisor (or Delegate) Signature Date

See attached Approved DHN Purchase Request

APPROVED DHN PURCHASE REQUEST #

STEP 3: EDIT INFORMATION (FOR DEPT USE)

Number of Receipts/Tickets _____

Item	G/L Account	Cost Center/ WBS Element	Assignment/ Internal Order	Amount

Additional Info (use for serial #, model #, etc)