



TRI-CITIES

# 17A PURCHASE REQUEST & JUSTIFICATION

TC#	
PO#	

CLEAR

**CHECK ONE:** PURCHASE ORDER PCARD IRI INVOICE VOUCHER CONTRACT

NEED DATE: \_\_\_\_\_ REQUESTOR: \_\_\_\_\_  
 VENDOR: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 DEPT/GROUP: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 WEBSITE: \_\_\_\_\_

**VENDOR ACCEPTS WSU:** PCARD PO

**BUDGET:**

PROG	BUDGET	PROJ	OB/SUB	DIST (% OR \$)

*Incomplete Purchase Requests may be delayed or returned.  
 17A Justifications have a 6 yr retention.*

#	DESCRIPTION (CATALOG/PART #, SIZE, ETC.)	QUANT	UNIT	UNIT PRICE	AMOUNT
1					
2					
3					
4					
5					
6					
7					

*Attach additional pages if necessary*

Subtotal

**CHECK ALL THAT APPLY:**

Shipping

University Mission:	Research	Education	Public Service	Outreach	Sales Tax	
17A Attendees Roster					Additional Page Total (w/tax)	
					Reference 17A BPPM 70.33	

**GRAND TOTAL**

**Who / What:**

**When / Where:**

**Why (Expense Purpose/Justification):**

**Special Instructions:**

## APPROVED SIGNATORIES

*I/we certify these expenditures are in compliance with all applicable WSU policies and regulations.*

PRINCIPAL INVESTIGATOR/  
APPROVING OFFICIAL:

*Print/Type Name*

*Signature*

*Date*

17A RECONCILER:

*Print/Type Name*

*Signature*

*Date*

EXPENDITURE AUTHORITY:

*Print/Type Name*

*Signature*

*Date*

Please send/scan *completed* Purchase Request and all supporting documentation to [purchasing@tricity.wsu.edu](mailto:purchasing@tricity.wsu.edu)