



TC#	
PO#	

# PURCHASE REQUEST

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:**

PROGRAM	GIFT	GRANT	WORKDAY ID	DIST (% OR \$)

*Incomplete Purchase Requests may be delayed or returned*

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

*Attach additional pages if necessary*

Subtotal

Shipping

Sales Tax

Additional Page Total (w/tax)

**GRAND TOTAL**

**Who / What:**

**When / Where:**

**Why:**

**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

EXPENDITURE AUTHORITY:

Print/Type Name

Signature

Date

GRANT REVIEWER:

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)