

# Club Sports

## SAF Purchasing Application

Club: \_\_\_\_\_

Date: \_\_\_\_\_

Officer completing form: \_\_\_\_\_

Officer E-mail: \_\_\_\_\_

Officer Position on E-board: \_\_\_\_\_

Is this a reimbursement: \_\_\_\_\_

Please circle which event category this purchase falls into

Lodging      Vehicle Rental      Gas      Facility Rental      Equipment      Official Fees      Registration Fees

Other expenses: (please list) \_\_\_\_\_

Supplier/Vendor Information:

Name: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Justification for expenditure: \_\_\_\_\_

Items to be purchased: (please attach invoice or quote of items being purchases or reimbursed)

FOAP* Index: D11185 Account:	QTY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL

**\*Office use only**

-----OFFICE USE ONLY-----

ALLOCATIONS REMAINING: \_\_\_\_\_

TOTAL AMOUNT REIMBURSED: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE PURCHASE WAS MADE: \_\_\_\_\_

BANNER ID: \_\_\_\_\_

SIGN: ASSISTANT DIRECTOR – CLUB SPORTS

SIGN: DIRECTOR OF RECREATION

