

Student Government Association Purchase Order Request



Organization Name _____ P.O. Date _____ Account # _____

Amount \$ _____

Item to be Purchased _____ Quantity _____

Vendor Name _____

Vendor Address _____

Event Title _____ Date _____

Purpose and Description of Event (i.e. social, educational, etc.)

Please list any clubs that are co-sponsors in this event and their responsibilities

Organization Treasurer Date

Telephone

E-Mail

SGA Office Use Only:

P.O. Number _____ Completed By _____ Date _____