

Purchasing Services/ Independent Contractor or Consultant

Please be sure a Purchase Order is completed before commencement of any services.

Please never pay out-of-pocket for services due to tax implications for yourself and the vendor.

For Independent Contractors, be sure to include a: Conflict of Interest Certification, Certificate of Liability Insurance, & Pre-Hire Worksheet.

Vendor/Individual Name:

Fund Source Name 1:

Fund Source Name 2:

Reason for Purchase:

How services will support the instructional/ Dean's office/ CSSR activity:

Description of Services:

Qty	Description of Item	Amount
Subtotal:		
Sales tax:		
Shipping:		
TOTAL:		

Requested by: _____ Date: _____
 Signature of Requester

Print Name : _____ Date: _____

Approved by: _____ Date: _____
 Budget Manager or Principal Investigator Authorization

Chartstring:

1							
	Account	Fund	Dept ID	Program	Chart Field 1	Chart Field 2	
2							
	Account	Fund	Dept ID	Program	Chart Field 1	Chart Field 2	