

Request to Purchase on Music Department Visa

Today's Date _____

Name of Requester _____

Item to be purchased
(Give quantity, description, model number) _____

Reason for Purchase/Explanation of Need _____

Source (use a new sheet for each vendor) _____

Address of Source _____

Phone and Fax Number of Source _____

Cost of Item _____

Delivery Cost if any _____

Expected Total Cost _____

Expected Delivery Date _____

Please do not obligate the Music Department to any purchases unless you have approval from Dr. Ewell, Department Chair.

7/27/2001