

**ROWAN-CABARRUS COMMUNITY COLLEGE
SALISBURY, NORTH CAROLINA
CLUB PURCHASE REQUEST**

TO: Student Life Dept.
 FROM: _____
 DATE: _____
 DEPARTMENT: _____
 PROGRAM: _____
 DATE NEEDED: _____

To Be Completed by Business Office:

Purchase Order Number: _____

VENDOR ID _____

MARK ONE:

- Supplies
- Equipment
- Bookstore Resale
- Equipment Repair

VENDOR:

QTY.	COMMODITY NUMBER	DESCRIPTION OF ITEM (Include Catalog Number)	UNIT PRICE	TOTAL PRICE	SALES TAX
APPROXIMATE TOTAL					

JUSTIFICATION: (State how items are to be used or which courses require these materials for)

GL CODE: _____

APPROVAL: _____ Student Life Dept.

 Club President/Club Officer Date

 Club Advisor Date

 Club Liaison Date

 Director of Student Life Date