

SOCIOLOGY
PROFESSIONAL SERVICES PURCHASE ORDER REQUEST FORM

Please use this form to request a purchase order for professional services.

Requestor Name: _____ **Request Date:** _____

Requestor Email: _____

Vendor Name: <small>Business Name or Last, First MI for individual</small>		Email Address:
Address:		
Location Where Work Will Be Performed: <small>(if different from above address)</small>		
Start Date of Project/Service:	End Date of Project/Service:	
Expected Payment Schedule:		
Blanket Purchase Order? <small>(One project with multiple payments/invoices)</small>	Yes No	Total Amount to be Paid
Detailed Description of Services to be Provided (REQUIRED): Statement should include detail of services, expected deliverables and department oversight. Please attach 1) vendor quote, 2) Conflict of Interest Form, and 3) Certificate of Insurance/Insurance Waiver.		

Account Name/Fund Source: _____

Chartstring: _____

I certify that the above is a true statement, that the expenses claimed were incurred by me on official University business, and that I have attached original receipts for each expense, as required by University policy.

Requestor signature: _____ **Date:** _____

Department approval: _____ **Date:** _____

For Administrative Office Use ONLY for Exceptional Approvals:

Chair approval: _____ **Date:** _____

Dean approval: _____ **Date:** _____