



Sacramento State
Intercollegiate Athletics
Expenditure Request Form



Please attach a copy of your quotation

Date: _____
 Team/Dept: _____
 Team/Dept Contact: _____
 Team/Dept Contact Phone: _____

	Funding Source
<input type="checkbox"/>	Trust
<input type="checkbox"/>	Camp
<input type="checkbox"/>	Trust Foundation

Quote Date: _____

Special Instructions (if pro card (other than your own) was used please list who's pro card was used here):

Vendor: _____
 Address: _____
 City/State: _____
 Zip: _____
 Vendor Contact: _____
 Phone Number: _____
 Fax: _____

Line Item	Qty	UOM	Description	Unit Price	Extended Price
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
	1	Frt	Freight		
			Subtotal		
			Taxable	Yes	No

Attach additional items on a separate sheet of paper

Check this box if you will call the order in **after** the PO Number has been issued.
If this box is not checked the order will be placed by purchasing.

APPROVALS:

Business Manager

Athletic Director

Dept ID

Class

Account