



**PURCHASE
REQUEST
FORM**

**DUE 3 WEEKS PRIOR
TO PAYMENT**

Please return to Jason Harrington, Coordinator of Sport Clubs, Dept of Recreational Sports
Lamar University, P.O. Box 10038, Beaumont, TX 77710

**All orders, regardless of price, need price quotations with their formal letterhead
showing all shipping and tax charges and attached to with form upon submission.**

| | |
|------------------------|--|
| Date: | |
| Club: | |
| Person Filing Request: | |
| Phone: | |
| Email: | |

| Vendor Information | |
|---------------------------|--|
| Vendor Name: | |
| Address: | |
| Phone: | |
| SS # OR Federal Tax ID #: | |

| Quantity | Unit Costs | Total Costs | Item # (If applicable) | Item Description |
|-------------------|------------|-------------|------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| SHIPPING | | | | |
| TAX | | | | |
| TOTAL COST | | \$ - | | |

PLEASE ATTACH QUOTE OR PAYMENT AGREEMENT

| FUNDS TO BE USED: | |
|-------------------|--|
| Sport Club Funds | |
| Fundraised Funds | |

| Item Description |
|------------------|
| |
| |

| If Equipment: Where will items be stored? |
|---|
| |
| |

| If Equipment: What is the expected life span? |
|---|
| |
| |

| Item is considered to be: (Check One) | | | |
|---------------------------------------|--|----------------|---------------|
| Essential | | An Enhancement | |
| | | | A Convenience |

Club President Signature _____ Date _____

Club Advisor Signature _____ Date _____

| Sport Clubs Coordinator Approval: | |
|-----------------------------------|--|
| APPROVED | |
| DENIED | |

Sport Clubs Coordinator _____
Date _____