

**DUE 3 WEEKS PRIOR
TO PAYMENT**

Please return to Jason Harrington, Coordinator of Sport Clubs, Dept of Recreational Sportscon Harri

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)
----------	------------	-------------	------------------------

SHIPPING

\$ -

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