

**TEXAS CHRISTIAN UNIVERSITY
DEPARTMENT PURCHASING REQUEST**



Date: _____

Department placing order must complete all areas. After receiving all applicable departmental approvals, submit the form to the affiliated vendor when making purchase. (TCU Bookstore and TCU Printing & Copying)

Dept. Name	Bldg. & Room #	TCU Box	Contact Person	Extension
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Quantity	Description & specifications (include shipping instructions)	Unit Cost	Price Extension

Total Cost

Authorized Codes

Account	Fund	Dept	Project

Approver (Printed Name)	Date

Approver Signature

Approver (Printed Name)	Date

Approver Signature