



Purchasing Approval Form

Vendor Name: _____

Quote/Invoice/Purchase Date: _____ Total Amount: \$ _____

Submitted by: _____ Date Submitted: _____

Inquiry		Ship to (for POs only):	
<input type="radio"/> PO <input type="radio"/> Invoice <input type="radio"/> Pcard		Name: _____ Address: _____ Room/Office: _____ City: _____ State: _____ Zip Code: _____	
Travel Information		Additional Information	
Travel TA# or ER# _____ <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Foreign		Adding Value? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate the Decal # _____	
Description of items purchased		Justification (Benefit to the project)	Not required if a TA or a ER is provided

Please indicate Project to pay it from		Split Charge? <input type="checkbox"/> Yes/% <input type="checkbox"/> Yes/\$ <input type="checkbox"/> No		
Chartfield	%/\$	Chartfield		%/\$
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____		_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/> _____		_____

Please be sure your quote/invoice/receipt clearly displays all of the following:

- Unit cost of each item
- Description of each item
- Total cost of purchase
- Date of quote/invoice/receipt
- Vendor's Name

For more information regarding directives and procedures, visit this website:

Revised 06/04/2019

<https://procurement.ufl.edu/uf-departments/directives-procedures/>