Fayette Institute of Technology PURCHASE REQUEST*

Date:_____

Funding Source: Faculty Senate ($100 Reimbursement)
Faculty Senate
Secondary – P Card
Other:_____

P-Card out date_____
p-card returned date_____

Instructor:_____ **Program:**_____

Vendor: _____
_____
Attn:_____

Phone:_____
Fax:_____

Approved/Principal:_____

Approved/Faculty Senate Treasurer:_____

Qty	Catalog #	----------Item Description----------	Unit Cost	Amount
____ I will need the P-card overnight.		**Shipping Fees**		
		TOTAL AMOUNT DUE		

***ALL approved _P-card purchases should be made within 24 hours, unless prior approval has been granted by Mr. Keaton.**