P.O. #_____

STUDENT SENATE PURCHASE ORDER

URI, Kingston, RI 02881

VENDOR: _____

ADDRESS: _____

ATTN: _____

PHONE: _____

AUTHORIZED 1: _____

SIGNATURE 2: _____

I AUTHORIZE THAT FUNDS ARE AVAILABLE FROM BELOW NAMED ACCOUNT

NAME OF EVENT:			
DATE OF EVENT:			
QUANTITY	**DESCRIPTION / ITEM NO.**	**PRICE/UNIT**	**AMOUNT**

CATEGORY NO.:

NAME OF ACCOUNT/ORGANIZATION:

TOTAL	$ 0.00

AUTHORIZED SIGNATURE: _____ DATE: _____

A COPY OF THE ACTUAL PURCHASE ORDER WILL BE SENT TO YOU WHEN AUTHORIZED.