

**Southern Illinois University Edwardsville**  
**Department of Campus Recreation**  
**Club Sports (618) 650-3245**

**Purchasing Form**

Club Requesting Purchase: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Providing Service or Good: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Item Being Purchased: \_\_\_\_\_

Item Number (from catalog): \_\_\_\_\_

Cost per Item: \_\_\_\_\_

Quantity Ordering: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Need By (please allow ample time): \_\_\_\_\_

Please attach a picture of the item needed. (From the catalog, website, etc.)

For Office Use Only:

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_