Tennessee State University Purchase Requisition In-State or Out-of-State Checklist

Items Needed:

- 1. Purchase Requisition for Travel
- 2. Agenda or flyer
- 3. Registration Invoice

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Source - Name and address of organization (e.g. American Society for Horticultural Scien	nce)
□ P.R. Number - Leave Blank.	
□ Date of Requisition – Date completing form.	
□ Department - Cooperative Extension	
☐ Fund-Org-Account-Program – Fund number provided, Org number provided, Account – state conference) or 73200 (Out-of-State conference), Program – 300	73100 (In
☐ Contact Person – Your Name (please no nicknames, only the name listed in the director	у)
☐ Telephone Ext. – Provide county office number	
□ Date Needed – Date when payment should arrive to source.	
\square Related TR#(s) – Leave Blank	
□ Item - Leave Blank	
□ Qty - Place a "1"	
□ Unit – Leave Blank	
Description and Specifications – Clearly describe the purchase (e.g. Registration for 201 American Horticultural Therapy Association for John Doe). Please include "Please Make Payable To" and include name and address.	.6 : Check
☐ Cost – cost of registration	
☐ Total Price – total cost of registration	
☐ Manual Signature of Requisitioner – Sign and Date	
□ Name of Requisitioner – Your Name (please no nicknames, only the name listed in the d	lirectory)
☐ Department Head / Dean – Associate Dean signature and date. Signed after submitting	

University Policy (5.9.15) - Claims for reimbursement of travel expenses should be **SUBMITTED NO LATER THAN THIRTY** (30) **DAYS** after completion of the travel. Claims submitted after this period **MUST** provide written explanation for the delay.

Items to Submit ☐ Signed Purchase Requisition for Travel				
	Meeting agenda or itinerary			
	Registration Invoice			

If you have any questions, please contact
LaSonia Brown
(615) 963-1351
lasonia.brown@tnstate.edu





PURCHASE REQUISITION FOR TRAVEL

Revised July 2009

(Previous edition obsolete)

P.R. Number:

(To be assigned by department.)

SOURCE: Amer Horticultural Therapy Asso

123 Somewhere St

Somewhere, TN, 12345

THIS IS NOT A **PURCHASE ORDER**

Date of Requisition		isition		Fund-0	Fund-Org-Account-Program 123456 - 17095 - 73200 - 300	
07/01/16 Contact Person			Coope	rative Extension		
			Telephone Ext.	Telephone Ext. Date Needed		Related TR#(s)
John	Doe		(555) 555-5555	08/16/16		
ltem	Qty.	Unit			UNIT P	19 A.4 (\$ 630 m) 4 (40 m)
item	1	Unit		N AND SPECIFICATIONS	Cost	Per TOTAL PRICE
			for John Doe.	an Horticultural Therapy Associa	ation 300.00	\$300.00
			Please Make Check Payable	То		
			American Horticultural Thera			
			C/O AHTA Executive Director	or		
			123 Somewhere St			
			Somewhere, TN 12345		TWO STATES OF THE STATES OF TH	
	1]				

Manual Signature of Requisitioner	D-1-
· ·	Date
John Doe	
Name of Requisitioner	
Approved:	
Department Head / Dean	Date
Approved:	
VP or Designee	Date

Total Amount of Requisition

- 1	
:	300.00