

PURCHASE REQUEST
SOUTHERN ARKANSAS UNIVERSITY TECH
CAMDEN, ARKANSAS 71711
Telephone: 870-574-4523 Fax: 870-574-4489

PURCHASE ORDER

ACCOUNT NUMBER

DEPARTMENT

VENDOR	
	Phone: _____
	Fax: _____

Item	Qty	Unit	Description (mark X in box if Technology related)	Unit Price	Amount
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$
11					\$
12					\$
13					\$
14					\$
15					\$
16					\$
17					\$
18					\$
19					\$
20					\$
21					\$
22					\$
			SHIPPING		\$
			TAX		\$
			TOTAL		\$

Budget Manager _____	Date _____	Division Chair or Director _____	Date _____
Vice Chancellor _____	Date _____	Chancellor or Designee _____	Date _____
*Director of Technology Services _____	Date _____		

Is VPAT required for purchase? If yes, enter VPAT # from log or e-mail VPAT: If no, attach explanation.
 * **Director of IT signature is required for hardware, software, & peripherals/Assess for VPAT requirement.**

Arkansas Law requires that Information Technology be accessible to the visually impaired.