Date: 1/1/20	BLOOMSBURG UNIVERSITY		Date Received (Stamp below):	
NOTE: All information in red must be comp to turning into CA Office for processing	HUSKY FUI	ND		
Check (x) Appropriate Item Below: Request for Deposit:				
Request for Payment: XX Request to Purchase:	Means you are requesting a cl 	heck to be cut		
Husky Fund Account Name (Group /Org Name) #1234 (Group/Org 4 digit account #)				
	ACCT #			
Example: Speaker for event				
LINE ITEM EXPENSE / CHARGE DESCRIPT		lease note the subm isbursement in gra		mes for check
INCLUDE	THE COMMUNITY ACTIVIT E CURRENT WEEK'S CHEC NAME, ADDRESS, ZIP CO	IES OFFICE BY TUES CK RUN, FOR PICK U ODE AND FAX NUMBE	DAY AT NOON IN PAFTER 10:00 AM TROFFIRM.	
IF VAL	UED AT <u>55,000 OR GREA</u>	<u>ATER,</u> BIDS MUST B	E ATTACHED.	
Bloomsburg, PA 17815 Maili 2.Must	S-FAX-PHONE: match W-9 Name & ing Address exactly be completed even if ing up the check	SHIP TO ADDRESS (This section is PO's and should	s only used when	requesting
PHONE # 570-275-1234 (Preferred, not red		ECIAL INSTRUCTIONS:		
FAX # NOTE: PO's will be faxed or mailed unless	s otherwise noted			
	ED DESCRIPTION OF TRAN	ISACTION	UNIT PRICE	TOTAL AMT
To pay for the speaker at the Sankofa Conference on 2/18/20, per contract				2 <u>50</u> .00
*The <u>completed contract</u> and <u>co</u> given to the vendor first, in orde requisition form). *Note to user: The "notes" sect	er to obtain the proper name	e and address to be u	sed on the contrac	t and
*Note to user: Always provide signature and attach all suppor	the phone number for the	person completing t		1
	Martin Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contractor Contra			
			Check Total:	NOTE: This section
	ontant processing notes	u de la	N-	deposit transactions
Requested by:		Faculty Advisor/Ad		Advisor Dh # /Ev. 570, 290, 4404)
				Adviser Ph # (Ex. 570-389-4464)
Signature	Telephone #	Signature		Telephone #
COMPTROLLER				
DATE DUE: (office use)		PO # (office use only)		