



TEXAS A&M UNIVERSITY

Healthy South Texas

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PURCHASE/PAYMENT REQUEST

DOCUMENT NO.: _____

REQUEST DATE: _____

REQUESTED BY: _____

EVENT ID: _____

(if applicable)

Business Purpose/Reason

VENDOR

Name: _____

Phone: _____

Delivery Address

QTY	ITEM #	DESCRIPTION	UNIT PRICE	TOTAL

Please attach any relevant documentation on requested purchase, i.e. price quotes, copy of catalog page, etc.

SUBTOTAL
SHIPPING & HANDLING
TOTAL

APPROVAL

Signature: _____

Title: _____ Date: _____

FINANCE USE ONLY

Date Paid: _____

Check #: _____

Voucher #: _____

Account #: _____