



E-mail to [sibudget@gmu.edu](mailto:sibudget@gmu.edu).

# Purchase Order (PO) Request Form

**Use:** To request a Purchase Order to make purchases at participating vendors and/or to pay contractual expenses.  
**Instructions:** E-mail completed and signed Purchase Order Request (PO) Form to [sibudget@gmu.edu](mailto:sibudget@gmu.edu) at least three full business days before the PO is needed. **Exception:** During busier times of the year, such as September, May, and June, and when the total expense costs \$2000 or more, PO requests must be submitted at least five full business days in advance. If approved, a copy of the PO will be sent via e-mail to the requestor, who is responsible for providing the vendor with a copy of the PO. Within one week of receiving the good or service, e-mail the invoice to [sibudget@gmu.edu](mailto:sibudget@gmu.edu) and/or submit the original, itemized receipt to the Student Involvement office (whichever is applicable), referencing the PO number on the receipt/invoice.

**Additional Requirements:** Attach a Virginia Substitute W-9 form for new vendors. Attach a written price quote for all PO requests that are \$2000 or more. Attach the Event and Entertainment Agreement along with the electronic routing form and the vendor's Certificate of Insurance for contractual expenses. Attach the Food & Beverage Authorization Form only if the event is \$2000 or more or if it exceeds the meal per diem rates.

## VENDOR INFORMATION: EVENT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(number, street, apt)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Contact Person: \_\_\_\_\_

Phone / E-mail: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Event Time: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For Food, Beverage and Catering expenses only:*

Location: \_\_\_\_\_

# of Attendees: \_\_\_\_\_

## FUNDING INFORMATION: RSO INFORMATION:

**Please specify funding source:**

Student Funding Board (SFB): \_\_\_\_\_  
(Amount)

Self-Generated Revenue (SGR): \_\_\_\_\_  
(Amount)

**Purchase Order (PO) Amount:** \_\_\_\_\_  
(Amount)

Org Name: \_\_\_\_\_

Org Number: 

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Requestor's Name: \_\_\_\_\_

Requestor's Email: \_\_\_\_\_  
 @masonlive.gmu.edu

Requesting RSO Officer's Signature      Print Name      Title      Date