REQUEST TO PURCHASE

Purchases Over $500

SOUTH ALABAMA MEDICAL SCIENCE FOUNDATION

DATE	
	MM/DD/YYYY

G/L Acct (Subcode)	Dept #	Fund # (1,2,3, or 4)	MSF Project #	Responsible Person (Assigned #)	Amount

Requestor Information	Payee Information
NAME:	NAME:
DIVISION:	STEET:
DEPT:	CITY:
BLDG:	STATE: ZIP
PHONE:	PHONE:

QTY	DESCRIPTION	UNIT OF MEASURE	UNIT COST	TOTAL
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00

1. After departmental approvals are obtained, submit original of this form to COM Business/Accounting Office at COMBO@southalabama.edu
2. Attach quote.

Total Due 0.00

Special Instructions: _____

Approvals

Requestor's Signature _____ Date: _____

Department Approval _____ Date: _____

COM Bus Office Approval _____ Date: _____

COM Dean Approval (Over $500) _____ Date: _____

Other Approval _____ Date: _____

Revised: October 2025