**Student Organization Purchase Form**

Please be sure to complete all sections of this form. Submit this document and all supporting documents including the description of the event (agenda or flyer), invoices, and marketing authorization to the Office of Academic and Career Success at nrsstudentorgbalt@umaryland.edu.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Information**

|  |  |
| --- | --- |
| **Student Organization:** |  |
| **Campus:** | Baltimore or Shady Grove |
| **Requester’s info** | **Name:****Phone number:****Email:** |
| **Event Info** | **Name of Event:****Event Date:****Expected Number of Attendees:** |
| **Delivery Address (please include location name, full address, city, state, and zip)** |  |
| **Item(s) Description and Quantity** |  |
| **Link to purchase site:****(insert web link)** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requester (Required) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSAS Representative Approval (Date)