

BOOKSTORE PURCHASE AUTHORIZATION FORM

All approval signatures must be obtained prior to purchase

PURCHASER'S INFORMATION:

Department / Organization name: _____

Requester's Name: _____ NJIT Phone Extension: _____

Business Purpose Detailed Description of Bookstore Purchase Request:

DEPARTMENT APPROVALS: *(Must be a one-up Supervisor Signature)*

Accounting Distribution: (all boxes MUST be completed)

CHART	INDEX	ACCOUNT	AMOUNT
Total			

Department

Approver Signature _____

(Must be an original signature)

Amount

Authorized up to: \$ _____

Approver Name (Please Print)	Department	Phone Extension

Budget Approval (College Business Manager, Assistant to the Dean, or Budget Office)

Approver Signature _____ Title _____

(Must be an original signature)

Name (Please Print)	Department	Phone Extension

Approver Signatures indicate authorization of purchase and affirm the availability of budget funds

FINAL PURCHASE:

Merchandise Received by: _____ Date: _____

(Please Print Name)

Issued by

Bookstore Employee: _____

(Please Print Name)

Final

Purchase Amount: \$ _____

INTERNAL USE ONLY: Original receipts must be included for processing by NJIT General Accounting.