



SSAF PURCHASE REQUISITION FORM

For payments to be made directly to Suppliers, this form MUST be submitted to Bond University Financial Services PRIOR to goods/services being ordered or requested

CLUB NAME	
EVENT NAME	
EVENT DATE	
SUPPLIER NAME	
ABN	(if new supplier only)
BANK DETAILS	(if new supplier only)
ADDRESS	(if new supplier only)
TELEPHONE	(if new supplier only)
EMAIL	(if new supplier only)
COMMENTS	

Description of goods/expenditure	Expected cost \$
Total	\$

This section to be completed by the club member organising event / reimbursement in case further information is required.

CONTACT NAME	
CONTACT PHONE	
CONTACT EMAIL	

Purchase requisition is for an approved event this semester

"By signing I verify that the above information is true and accurate and that I authorise funds to be paid directly to the supplier"

Signed.....Date.....

Name.....(Authorised club representative)