

ASU SYSTEM FOUNDATION, INC.

STATE UNIVERSITY, ARKANSAS 72467

REQUISITION

Dept. _____

By _____

Date _____

Phone _____

Make check payable to: _____

(Payee name and complete mailing address, or University department)

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

Account name _____

Total Cost _____

Signature of Account Controller _____

Sales Tax Applied Yes _____ No _____

Signature of Dean _____

Check#/items _____ Processed by: _____

Signature of Foundation Officer _____

Received by: _____ Date _____

This must be filled in – if left blank we will have to contact you to sign/date and re-send – this will slow down the processing of your requisition.

**EMAILED TO FOUNDATION _____ (DATE)
 EMAILED BY: _____ (NAME/INITIALS)**

Please email completed requisition to:
 Lou Ann Passmore lpassmore@asusystem.edu **AND** Danna Evans devans@asusystem.edu
 If you have any questions please call us at 870-972-3362 we will be glad to help!