Does vendor accept MasterCard?
__yes ____no

CHRISTOPHER NEWPORT UNIVERSITY

ATHLETIC DEPARTMENT REQUISTION

Club Name: _____ Date Submitted: _____

Officer Name: _____

Date Needed: _____

Contact: _____

Vendor Name: _____

Address: _____

_____

_____

Item No.	Description/Specifications	Quantity Ordered	Unit Cost	Total Cost
			Subtotal-	
			Shipping/Handling	
			Total-	

Note: **Only completed forms will be processed by the Business Manager**

Is this an approved budgeted item? yes_____ no_____

Officer Signature: _____

Officer Signature: _____

Advisor Signature: _____