

# Purchase Pre-Approval Form

This approval is **required** for all **Office of Sponsored Program** purchases and also serves as a detailed record for subsequent grant reporting. It is optional as a planning tool and itemized record for purchasing using other funding sources.

**Name and contact information of requestor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Vendor name and contact information:** (one vendor per form)

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

UHCL Account # w/vendor (if applicable):: \_\_\_\_\_ Vendor Check: OK On Hold  
Tax exempt status on file: Yes No If No, Tax Exempt form must be attached.

**Items to be purchased**

Description	Qty	Price (ea.)	Price (total)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Special instructions:**

\_\_\_\_\_

Cost Center: \_\_\_\_\_ ST: \_\_\_\_\_ Account Code: \_\_\_\_\_ Amount: \_\_\_\_\_  
Cost Center: \_\_\_\_\_ ST: \_\_\_\_\_ Account Code: \_\_\_\_\_ Amount: \_\_\_\_\_  
Cost Center: \_\_\_\_\_ ST: \_\_\_\_\_ Account Code: \_\_\_\_\_ Amount: \_\_\_\_\_

**Statement of benefit to the university and/or grant:**

\_\_\_\_\_

**SIGNATURES BELOW INDICATE THE UNDERSTANDING THAT THE SCHOOL OR DEPARTMENT IS RESPONSIBLE FOR ANY EXPENSES NOT PRE-APPROVED BY OSP.**

Requestor \_\_\_\_\_ Date \_\_\_\_\_

Dean/Dept. Head (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Business Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Office of Sponsored Programs (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: OSP WILL NOT COVER ANY PCARD CHARGES THAT HAVE NOT BEEN PRE-APPROVED**