

CUF'S Number: Area (Required) - Org (Required) - Sub Org (Optional)

Department Name: _____

Campus Address: _____

Contact Name: _____ Phone: _____

Contact Email: _____

Check One:

Unlimited Funds Authorized for _____ dollars

This authorization is valid until June 30, 2008 unless an earlier end date is requested.

Names and ID number of Authorized Purchasers:

*ID numbers are required.

First Name	Last Name	ID Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a separate sheet if additional names need to be listed.

Name(s) of individuals authorized to make changes to this authorization:

Any items in the bookstore may be purchased using this authorization unless excluded below:

Check any items that **CANNOT** be purchased using this authorization:

- | | |
|---|---|
| <input type="checkbox"/> Textbooks | <input type="checkbox"/> Clothing / Back Packs |
| <input type="checkbox"/> General Books/Magazines | <input type="checkbox"/> Gifts / Greeting Cards |
| <input type="checkbox"/> Supplies | <input type="checkbox"/> Graduation Merchandise |
| <input type="checkbox"/> Medical Supplies/Lab Coats | |