

CAPSTONE PURCHASE REQUEST

Team #: _____ Date: _____

Name: _____

Phone: _____

Email: _____

Company or campus source: _____

Online order

Phone order

Local pickup

Shipping/Delivery Instructions:

Ground

Second Day

Enter following information only if needed:

Contact/sales rep: _____

Phone: _____

Fill out this section only if you need to be reimbursed for supplies you paid for personally. This form must have an official receipt attached to be reimbursed.

Are you currently employed by BYU?

YES – *BYU employees will be reimbursed by direct deposit to their checking account. Please enter Route Y Net ID :*

NO - *Non-employees will receive a check at the address entered below:*

Address: _____

City: _____ Zip: _____

Approval: _____

Coach

QTY	PART #	DETAILED DESCRIPTION – <i>clear explanation of item</i>	COST
Total			



- Office use only:
- P-card
 - Extensity
 - Purchase Order
 - Journal Entry
 - Fast Track
 - Invoice
 - Reviewed
 - Received