ON CAMPUS ORGANIZATIONS
VENDOR REQUEST FORM
Please fill out and submit to the Purchasing Department

Organization information

Name of Organization: __________________________________

# of Active Members: __________

Organization Representative

Name: ____________________________
Address: ____________________________
Phone: ____________________________
Email: ___________________________

Organization On-Campus Advisor

Name: ____________________________
WT Box: ____________________________
Phone: ____________________________
Email: ___________________________

Requesting Department Information

Department: ____________________________
Faculty/Staff: ____________________________
Date: ____________________________
Notes: ____________________________

Purchasing Dept. Use Only:

Purchasing Department

Faculty/Staff: ____________________________
Date: ____________________________
Vendor No. ____________________________