

REQUEST TO PURCHASE ALCOHOL

CONTACT INFORMATION

Requesting Department:		Date:
Contact Name:	Phone:	Net ID:
Account Manager/PI:	Phone:	Net ID:
Event/Activity Date(s):		

BUSINESS PURPOSE

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FUNDING INFORMATION

Cost Center: 1040100001	Fund: 4001641000
UPPS 03.01.18 section 02.01 b and c allows for department restricted funding sources to purchase alcohol.	
Cost Center:	Fund: 4
Estimated Cost: \$	

ACCOUNT MANAGER/PRINCIPAL INVESTIGATOR CERTIFICATION

Account Managers/PIs certify that:	
<ol style="list-style-type: none"> 1. The requested purchase directly supports or promotes Texas State’s educational mission. 2. Complies with UPPS 03.01.09, Section 02.04, Fiscal Responsibilities of Account Managers at Texas State. 3. Complies with UPPS 03.01.18, Purchase of Alcohol 	
Account Manager/PI:	Date:

APPROVALS

Division VP (<\$500):	Date:
VP for Finance and Support Services (=>\$500):	Date:

Alcohol GL – 790101