

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
Place where event will take place: See UPPS 05.03.03 , Section 02.03 for the list of Special Use Facilities.

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 (Required for any amount) Date:
Executive Vice President for Operations and CFO (≥\$1,000) Date:

Alcohol GL – 790101