TITLE III
Strengthening University Mission

TITLE III PROGRAM PURCHASE REQUISITION JUSTIFICATION

PURCHASE REQUEST

REQUEST INFORMATION

Title III Project Name _____ **Activity No.** _____

Grant Year _____ **Date** _____

Vendor Name _____ **Vendor Amount** _____

PURCHASE JUSTIFICATION

This justification must be provided to the Title III Office prior to any purchase. After Title III approval, the requesting person or department may submit the requisition to the appropriate University personnel for further processing.

Brief description of purchase:

What Title III activity objective(s) are applicable to this purchase?

How will this purchase benefit the University's students, faculty, and/or staff?

APPROVALS

_____ _____
Requestor's Signature Date

_____ _____
Activity Director's Signature Date

_____ _____
Title III Director's Signature Date