



Accounts Payable
REQUEST FOR LIMITED PURCHASE ORDERS (LPOs)

DATE	DEPARTMENT NAME	
DEPARTMENT PHONE NUMBER	CAMPUS ADDRESS	DELIVERY CODE

Agreement

I accept custody of these Limited Purchase Orders with the understanding that I am personally accountable for the blank forms. I further commit that I will not redistribute blank Limited Purchase Order stock entrusted in my possession in order to supply another employee's working supply of blank forms.

CUSTODIAN'S EMPLOYEE ID	LPO CUSTODIAN'S PRINTED NAME AND SIGNATURE
LPO CUSTODIAN'S PHONE #	CUSTODIAN'S EMAIL ADDRESS

University policy and procedures provide guidelines for utilizing Small, Minority, & Women-owned businesses. It also has guidelines for small dollar purchases. My department accepts responsibility for following these policies and for the improper use, theft, or loss of the Limited Purchase Orders that are released to us. You are authorized to charge my Default Chartfield for the full amount of the Limited Purchase Order when we do not allocate the amount on the Limited Purchase Order copy, or otherwise do not have adequate funding in an account within the allocation, or when you do not receive a completed LPO within three days after receiving an applicable invoice from the vendor. I further understand that violations of the Limited Purchase Order policy (University Policy and Procedure 4-3) will result in the loss of their use, and that improper use of the Limited Purchase Order may result in disciplinary action up to and including termination of employment and full restitution to the University for all related sustained losses.

	DEFAULT CHARTFIELD
SIGNATORY'S EMPLOYEE ID	PRINTED NAME AND SIGNATURE OF THE AUTHORIZED SIGNATORY FOR THE DEFAULT CHARTFIELD
	SIGNATORY'S EMAIL ADDRESS

Number of LPO's requested: _____

Beginning/ending LPO numbers: _____

This order was filled by: _____

The LPO's were delivered to: _____ (SIGNATURE)

The LPO's were delivered on: _____ (Date)