

Restricted Fund Procurement Card Equipment Requisition Form
 (Funds start with 3 or 8 and the purchase is over \$5,000 per item.)

Department: _____ Request Date: _____

Card Administrator: _____ Phone #: _____

Email: _____ Vendor Name: _____

Quantity	Item #	Detailed Description	Unit Price	Price
			TOTAL	

Purpose of the expense (How does the item support the statement of work):

PI's Name: _____ PI's Signature: _____ Date: _____

Fund _____ Org _____ Account _____ Program _____ Activity_____

FEDERAL FUNDS

YES NO

If Yes, attach the completed Federal Screening Form when submitting the form to Procurement and Contracts.
http://www.property.msstate.edu/forms/Federal_Property_Screening_Form_slh.pdf

Along with this Equipment Requisition Form please send **one** of the following: Copy of Budget **OR** Budget Narrative **OR** Sponsor Approval

SPA Approval _____ Date: _____

E-mail request in **advance** of purchase to spaccounting@controller.msstate.edu