



## Student Organization Purchasing Requisition

Student Organizations may expend funds from their Fundraising Account by completing a “Student Organization Purchasing Requisition” (SOPR) form.

If the organization is requesting a check prior to a purchase (prepay):

- 1) The **original** itemized invoice reflecting the amount requested must be attached to the SOPR.
- 2) The **original** receipt should be provided to **The Foundation** upon expenditure.

If the organization is reimbursing an individual for purchases made on behalf of the Student Organization:

- 1) A copy of the original itemized receipt must be attached.
- 2) For all other expenses, the original itemized invoice or documents verifying the amount of request must be attached.

For a full description of policies regarding expenditures, refer to the Student Organization Handbook, which can be found at [www.AthensTech.edu/StudentActivitiesForms](http://www.AthensTech.edu/StudentActivitiesForms).

**Allow three (3) weeks for processing of all checks.** When your check is ready, you will be contacted via email to schedule an appointment for pick-up.

**Appointment must be made prior to submitting form to the Foundation.**

**To schedule an appointment: Email - [Foundation@AthensTech.edu](mailto:Foundation@AthensTech.edu)**

**Phone (706) 355-5025.**

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Student Organization: \_\_\_\_\_

Student Making Request: \_\_\_\_\_

Organizational Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Advisor Phone \_\_\_\_\_ Advisor Email: \_\_\_\_\_  
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**Please provide the following details regarding the activity/program/event for which you are requesting funds.**

Amount to be paid: \_\_\_\_\_

Who / Where is to be paid: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the reason for the payment (provide supporting material): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing this document, you are agreeing that these funds are being expended on behalf of your student organization in good faith.**

Student Organization: \_\_\_\_\_

Student Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To be completed by the Office of Student Activities and The Foundation.**

Signature of the Director of Student Activities: _____
Date: _____
Signature of the Director of The Foundation: _____
Date: _____