Purchasing: Informational Sheet

Please return this form with both sides completely filled out at the initial purchasing meeting with fiscal support To schedule an initial purchasing meeting, please contact fiscal support at hccsld@hawaii.edu

PDF Form Fillable Only

## **Requestor Information**

Name:	Organization:		
Position/Title:	Contact Number:		
School E-Mail:@hawaii.edu	Alternate E-Mail:		
Event Information			
Event Title:	Event Date:		
Event Time:	Event Location:		
Event Description:			
Justification for Purchase – How does the purchase	e benefit Honolulu Community College Students?		
Date Approved: Budge Approval Granted with: YES:, NO:, A			
Vendor Information			
Vendor Name: (to	appear of PO and Payment Check)		
Vendor Contact Person:	Vendor Contacts Title:		
Vendor Phone Number:	Vendor E-Mail:		
Vendor Full Address:			
Does Vendor accept PO: YES NO If NO, what form of payment was your organization	n going to use:		
If YES, have you done business with this vendor in If YES, no further paperwork is needed. If NO, plea	1 2		
Certification			
	ort Training hosted for School Year 2022 – 2023. I certify the responsibilities of fiscal support, and my responsibly as		
Printed Name Signatur	re Date		

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## **Purchasing: Product Sheet**

Date Items Needed:	
Please attach quote/shopping cart/or ot	er list of items or you must fill out the following product sheet.

Item Name	Item Number (If applicable)	Item Description	Quantity	Price for Each	Total
Notes:				Subtotal	
				Misc. Charges	
				Shipping Cost	
				Tax	
				Discounts	
				Grand Total	

If you have questions please contact Fiscal Support - hccsld@hawaii.edu