



FLORIDA POLYTECHNIC  
UNIVERSITY

**PROCUREMENT DEPARTMENT**

procurement@floridapoly.edu

**Registration/ Memberships  
Benefit to the University**

<b>PO or PCard.</b>	<b>DATE</b>	<b>DEPT. NAME</b>
<b>Amount:</b>		<b>Requestor:</b>
<b>ITEM(S) PURCHASED</b>		
<b>SUPPLIER</b>		
<b>JUSTIFICATION</b> (Provide justification how this will benefit the University)		

\_\_\_\_\_  
Printed Name

Cost Center Manager Signature

Date

Printed Name

Procurement Signature

Date