

Purchase Requisition

Preparation and Approval Process

Part 1

<i>Turtle Mountain Community College</i>		<i>Turtle Mountain Band of Chippewa Indians</i>
P.O Box 340		<i>Charter Members</i>
Belcourt, ND 58316		<i>American Indian Higher Education Consortium</i>
TELEPHONE: (701)477-7862 FAX: (701)477-7807		
PURCHASE REQUISITION		
SOURCE OF FUNDS		FILL IN THIS SECTION ONLY IF YOU ARE REQUESTING TRAVEL:
<input checked="" type="checkbox"/> FEDERAL	ICCA _____	TRAVEL AUTHORIZATION
<input type="checkbox"/> STATE	_____	DATE(S): _____
<input type="checkbox"/> TMCC	_____	PLACE: _____
<input type="checkbox"/> PRIVATE	_____	METHOD OF TRANSPORTATION _____
		COST: (Must be Itemized below): _____
		PURPOSE OF MEETING OR TRIP: _____

- The source of funds must be indicated
- Please place a check mark by clicking on the box next to the source or place an X next to the appropriate source
- Type in or write the grant name or account name on the line next to the category checked

Part 2

<i>Turtle Mountain Community College</i>		Turtle Mountain Band of Chippewa Indians
P.O Box 340		Charter Members
Belcourt, ND 58316		American Indian Higher Education Consortium
TELEPHONE: (701)477-7862 FAX: (701)477-7807		
PURCHASE REQUISITION		
SOURCE OF FUNDS		FILL IN THIS SECTION ONLY IF YOU ARE REQUESTING TRAVEL:
<input checked="" type="checkbox"/> FEDERAL	ICCA	TRAVEL AUTHORIZATION
<input type="checkbox"/> STATE	_____	DATE(S): April 14 to April 17
<input type="checkbox"/> TMCC	_____	PLACE: Bismarck
<input type="checkbox"/> PRIVATE	_____	METHOD OF TRANSPORTATION: Personal Auto
		COST: (Must be Itemized below): _____
		PURPOSE OF MEETING OR TRIP: Financial Aid Conference

- If you are traveling, this section must be completed on all travel related PR's
- Agenda must be attached to all travel related PR's

Step Three: Part 3

PAYMENT TO: Employee Name _____
PO Box XXX _____
Belcourt, ND 58316 _____

IF PURCHASE IS FOR EQUIPMENT OR SUPPLIES IT WILL BE USED BY WHOM: _____
TELEPHONE # xxx-xxxx _____ FAX# _____

- Print or type the name, address, phone and fax number of the individual or organization to whom the check is made payable to
- If you are purchasing something for someone else in your grant, indicate who the inventory is to be assigned to

Part 4

PAYMENT TO: Employee Name	DATE ISSUED:	3/25/2008
PO Box XXX	DATE WANTED:	4/11/2008
Belcorut, ND 58316	REQUESTED BY:	Employee Name
IF PURCHASE IS FOR EQUIPMENT OR SUPPLIES IT WILL BE USED BY WHOM:		
TELEPHONE # xxx-xxxx	FAX #	

- Enter the date the request is made
- The date you need the item or travel loan
- Enter the name of the individual making the request

Part 5

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
0.505	Mileage to and from Bismarck 210x2=420	420.00	212.10
4	Per diem	39.00	156.00
			-
			-
			-
			-
			-
			-
			-
			-

- Fiscal Policy 8.0020.04 The authorized meal rate in the Federal Register 1542 will be allowed. Receipts are not required, but the traveler must disclose the date and time of departure and return.
 - Breakdown
 - Breakfast 20% of rate
 - Lunch 32% of rate
 - Dinner 48% of rate
- Fiscal Policy 8.0070 Per Diem shall not be allowed for travel commencing and terminating on the same calendar day.
- Fiscal Policy 8.0080 Travel of 24 hours or more:
 - For travel beginning before 8:00 a.m. a breakfast allowance may be claimed.
 - For travel commencing before 10:00 a.m. or ending after 2:00 p.m. a lunch allowance may be made.
 - For travel terminating after 6:00 p.m. a dinner allowance may be made.

Part 6

SPONSORED PROGRAMS	DATE	TECHNOLOGY	DATE
BUILDING & GROUNDS	DATE	PROGRAM DIRECTOR	DATE
IMMEDIATE SUPERVISOR	DATE	DEAN OF INSTRUCTION	DATE
PRESIDENT	DATE		

- Prior to submission, required signatures must be on the PR with the exception of president, comptroller & sponsored programs.
- The President, Comptroller and Sponsored Programs will sign when the PRs are presented for approval.

Part 7

ACCOUNT NUMBER 01-0002-600-5600

****PROJECT CODE None**

- An account number must be assigned prior to the PR being submitted to the business office
- Project codes for construction projects or other specifically designated programs
- PR's need to be submitted to business office by Friday of each week for process the following Monday.

Part 8

BUSINESS OFFICE USE ONLY		TRAVEL LOAN	
PURCHASE ORDER NUMBER _____		ACCOUNT NUMBER _____	
DATE ENTERED _____			
		COMPTROLLER _____	DATE _____

- This section is for the business office use only.