CEIAS CAPSTONE PURCHASE REQUEST FORM

Departmer Course Sectio	nt: CECMEE 🗆	CS □	EE 🗆	ME 🗆	SICCS □	Request Dat	:e:		
Capstone Instructo		Authorization:						Date:	
Team Name: _ Budget Liaison:						Team#: Source:			
Email: _					_ runuing .	bource.			
Phone#:					_				
Brief Description of Project:									
Is this a reimbursement? Yes □ No □ If Yes Purchaser's Name: Email Address:					NAU ID# Phone#:				
 A NAU Vendor Authorization form must be completed, signed and returned to NAU-FINAdmin@nau.edu or your reimbursement will <i>not</i> be processed. Attach a scanned copy of your itemized receipt, that includes each of the below listed items, to establish proof of purchase. 									
PARTS & SUPPLY REQUEST Please provide a detailed description for each request item and include weblink whenever possible.									
Vendor Name		ion of Item		Item or Catalog #	Size/Color		Discount Code	Total Cost (including tax & shipping)	
Preferred Shipping Options *By default, all purchases will be shipped to the Engineering Building (Bld.#69), please specify another NAU building as needed, or request an alternate address with justification. Method: Standard (3-10 day) Cheapest Other:									
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Delivery Location: Engineering (Bld.#69) ☐ SICCS (Bld.#90) ☐ Other (Bld.#) Other Non-NAU Address: Other Address Justification:									
Other Adi	uress justilication: _								