

CEIAS CAPSTONE PURCHASE REQUEST FORM

Department: CECMEE CS EE ME SICCS Request Date: _____
 Course Section: _____
 Capstone Instructor: _____ Authorization: _____ Date: _____
 Team Name: _____ Team#: _____
 Budget Liaison: _____ Funding Source: _____
 Email: _____
 Phone#: ██████████ _____

Brief Description of Project: _____

Is this a reimbursement? Yes No

If Yes... Purchaser's Name: _____ NAU ID# _____
 Email Address: _____ Phone#: _____

- A NAU Vendor Authorization form must be completed, signed and returned to NAU-FINAdmin@nau.edu or your reimbursement will **not** 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	Description of Item	Item or Catalog #	Size/Color	Quantity	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: _____

Delivery Location: Engineering (Bld.#69) SICCS (Bld.#90) Other (Bld.#) _____

Other Non-NAU Address: _____

Other Address Justification: _____