CEIAS CAPSTONE PURCHASE REQUEST FORM

Departme Course Section	nt: CECMEE □ on:		EE 🗆	ME 🗆	SICCS	Request Dat	te:		
Capstone Instruct		Authorization:						Date:	
Team Name:						Геат#:			
Budget Liaison:						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 <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.									
Item or Discount To								Total Cost	
Vendor Name	Desci	ription of Item	ı	Catalog #	Size/Color	Quantity	Code	(including tax & shipping)	
		•			-	,		- 1-1- 07	
Preferred Shippi		By default, all pur building as neede), please specify	another NAU	
Method: Standard (3-10 day) ☐ Cheapest ☐					Other:				
Delivery Location: Engineering (Bld.#69) ☐ SICCS (Bld.#90) ☐ Other (Bld.#) Other Non-NAU Address: Other Address Justification:									