

## **APPAREL PURCHASE FORM**

DATE OF PURCHASE:	DEPARTMENT:
CARDHOLDER:	CONTACT NAME:
CONTACT PHONE:	
MERCHANT:	
ITEMS TO BE PURCHASED:	
ESTIMATED AMOUNT OF PURCHASE:	
Business related apparel acquisitions must con	nply with the guidelines below.
purposes:	thing and outerwear after termination of here individuals need to be identified for a legitimate
<ul> <li>and prior UC approval has been obtained.</li> <li>The purpose must be for a University sanct that would require employees to be identified.</li> </ul>	e purchased apparel be turned in and maintained by cords of the apparel for audit purposes.
	uidelines above and will remain the property of USM.
	hat student and/or participation fees will be utilized parel purchase meets all other guidelines listed above.
Signature of Requesting Individual Cardholder	Date

Signature of Approving Signature Authority

Date