



PURCHASE REQUISITION FORM

Instructions: Save form to your computer and complete all fields. Once complete, email this form to london.chair@specialolympicsontario.ca prior to making the purchase/expense.

Date:		Requested By:	
Program:			

VENDOR INFORMATION

Vendor Name:	
Address:	
Telephone No.:	

EXPENSE TYPE

Type of Purchase:	Travel	Equipment/Materials
	Facility Rental	Coaches Training
	Other (specify):	

EXPENSE DETAILS – COMPLETE ALL APPLICABLE SECTIONS

TRAVEL			
Date of Trip:		Location:	
Reason for Travel:			
Mode of Transportation:	Bus	Van	Personal Vehicle
Registration Cheque Req'd?	Yes	No	
TOTAL EXPENSE AMOUNT:	\$		

EQUIPMENT/MATERIALS PURCHASE	
Date Required:	
Reason for Purchase:	
TOTAL EXPENSE AMOUNT:	\$



FACILITY RENTAL	
Date of Facility Rental:	
Reason for Rental:	
Has Rick Walker been contacted to book the facility?	Yes No
TOTAL EXPENSE AMOUNT:	\$

TRAINING	
Date of Training Course:	
Name of Course:	
Location:	
TOTAL EXPENSE AMOUNT:	\$

OTHER EXPENSE (AS INDICATED ABOVE)	
Date of Expense:	
Reason for Expense:	
Details (if Required):	
TOTAL EXPENSE AMOUNT:	\$

ADDITIONAL NOTES/INFORMATION

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