

**Lewis University Campus Recreation
Request to Purchase**

Name: _____

Club Sport: _____

Date: _____

VENDOR INFORMATION

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Name: _____ Email: _____

| Quantity | Item | Cost |
|--------------|------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$ |

-----Office Use Only-----

Campus Recreation Approval: _____