



Vice President for Student Affairs
600 Lincoln Avenue
Charleston, Illinois 61920-3099

Office: 217-581-3221

REQUEST TO PURCHASE ALCOHOLIC BEVERAGES FOR EVENT/ACTIVITY OFF CAMPUS

*Requests must be submitted to the Vice President for Student Affairs at least two
weeks prior to the event*

Describe the proposed activity and its intended purpose: _____

Date _____ Hour _____ Location _____

Number of Persons: _____ Estimated cost of alcoholic beverages: _____

Account Name (Must be a non-appropriated account) Account Number
(IGP #149 requires a copy of this completed form to accompany your RFP or DPO to the Accounting Office)

Financial Manager: _____
(Print name) (Signature)

Dept. or Office responsible for Activity: _____

Person responsible for Activity: _____

Requested by: _____
(Name) (Date) (Phone)

Approvals: (As Required)

Department Chair: _____ Date _____

Dean/Director: _____ Date _____

Vice President: _____ Date _____

APPROVED: _____ Date _____
Vice President for Student Affairs