THE SU UNIVERSITY OF BATH

Purchase Order and Credit Card Approval Form

Department Code (e.g. SHO)		**Name of supplier**	
Income/Expense Code (e.g. 53020 / 73020)		**Supplier Address/Web Address**	
Finance Source (please delete as necessary)	Budget / Product / Both	**Invoice Cost Type (please delete as necessary)**	Normal Activities / Event from Event Planner
If Budget – please state budget pots used:			
If Product – please state product name:			
Description of purchase/payment		**Amount (£)**	

Authorisation	Club Representative	Student Union Representative
Name		
Username		
Position (please delete as necessary)	Chair/Treasurer	
Signature		
Date		