

HAMPTON UNIVERSITY
HAMPTON, VA 23668

PURCHASE EXPEDITER REQUEST

DATE: _____

TO: Purchasing Department

FROM: _____

EXT: _____

SIGNATURE: _____

	Index	Fund	Organization	Acct.	Prog.
ACCOUNT NUMBERS:		100000			
<hr/>					
COMPANY NAME/PERSON:	<hr/>				
PURCHASE ORDER NUMBER:	<hr/>				

☐ Shipment - Not Received
☐ Partial Order Received
☐ Cancel Order
☐ Incorrect Item Shipped
☐ Damaged Shipment (keep original packing for inspection)
☐ Duplicate
☐ Dissatification of Services/Items
☐ Other

REASON: _____

REMARKS: _____

ACTION: _____

HAMPTON UNIVERSITY
Hampton, Virginia 23668

Budget Transfer

Date_____

Department_____

Index Number_____

Budget Transfer No.:_____
(BUSINESS OFFICE USE ONLY)

Request is hereby made for change in the budget appropriation available to this department as follows:

New appropriation:.....\$_____

Transfer of Appropriation:

From: Fund_____ Org_____ Prog_____ Account
Description_____ Acct._____ \$_____

To: Fund_____ Org_____ Prog_____ Account
Description_____ Acct._____ \$_____

The Budget adjustment requested above is required to permit the effective functioning of this department.
Specific explanation and justification of this request follows:

Chairman or Head of Administrative Unit

School Dean/Director

DO NOT WRITE BELOW THIS LINE

Comment	Comment	Action
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Executive Vice President and Provost	Treasurer's Signature	President's Signature

INSTRUCTIONS: Request pertaining to budgets of instructional and other areas under the supervision of the Academic Dean should be submitted to that office before transmission to the Office of the Treasurer. All other areas should submit requests directly to the Treasurer's Office. After review by personnel in the Treasurer's Office, action will be taken by the President and a copy of the executed copy form sent to the department and to the Treasurer's Office.

WHITE: TREASURER'S OFFICE

CANARY: DEPARTMENTAL COPY

HAMPTON UNIVERSITY
Hampton, Virginia 23668

Budget Waiver

DATE: _____

TO: Doretha J. Spells
Vice President for Business Affairs and Treasurer

FROM: _____

DEPT.: _____

RE: Request for Budget Adjustment

Please waive the quarterly allocation for the attached order charged to Budget:

Index _____

Fund _____

Organization _____

Program _____

Account _____

Specified explanation and justification for the request is as follows:

Thank you for your cooperation.

Approved, Budget Executive

Date

Approved, Treasurer

Date