Expenditure Request/Order Form

THE UNIVERSITY OF TENNESSEE KNOXVILLE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY & COUNSELING

Date of Request | Requested by

Requested Vendor, if applicable | Date Needed by | Total estimated cost

In the spaces below, please provide a description of the items requested. Include item # or URL if applicable

Quantity | Price

Justify purchase - how does this expense benefit the University?

○ E011775 Educational Psychology & Counseling

○ _____

Account number | Account name

As the responsible party for the above account I authorize these charges:

(For charges to departmental account, only Department Head signature is required):

Signature | Printed Name | Date

Department Head Signature | Printed Name | Date