**OFFICE OF TITLE III PROGRAM**

**VISA PRIOR APPROVAL REQUEST**

**SUPPLIES**

Requestor Name: \_\_\_\_\_\_\_\_ \_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Credit Card/Signature: \_\_\_\_\_\_\_\_\_\_

Activity Name: Title III Acct. No:

**Prior approval to utilize the University’s VISA card to purchase the following supplies is required. Note: It is the cardholder’s responsibility to ensure that the university’s Visa Card may be utilized for this approval and not the undersigned.**

**Vendor/Address:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item**  **No.** | **Description** | **Quantity** | **Unit Cost** | **Total**  **Cost** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total:** | | | |  |

**Justification/Purpose:**

**\*APPROVAL: This approval is good for 30 days from date of approval \***

**\*PLEASE NOTE: This form is for Title III requests/purchases ONLY\***

Activity Director: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Title III Director: \_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

**Disapproval**

Title III Director:

Signature Date

Justification: