

# Purchasing Procedures

## Supplies

1. Fill out Purchase Requisition(s). ***This must be done prior to any purchasing regardless of the method of payment.*** You must have one Purchase Requisition (PR) for each vendor you will be purchasing from. Example: Carrs, Fred Meyers, Staples, Grainger etc...
2. Obtain the proper signatures for approval.  
Requisitioned by: Your signature  
Approved by: Your supervisor, Director of Administrative Services, or College Director  
Procurement Officer: Accounting Supervisor or Director of Administrative Services  
*Approval and Procurement must be two different people.*
3. Turn in **COMPLETED** paperwork to Administrative Services.

## Events

1. Fill out Purchase Requisition(s). ***This must be done prior to any purchasing regardless of the method of payment.*** You must have one Purchase Requisition (PR) for each vendor you will be purchasing from. Example: Carrs, Fred Meyers, Staples, Grainger etc...  
\*\*If a Purchase Order is to be utilized some vendors require the name of the person who will be picking up the items; please indicate this on the PR\*\*
2. Fill out Representational and Non-Representational Expenditure form(s) (rep/non-rep form). You must complete a rep/non-rep form for each vendor you will be purchasing from. ***ALL signatures must be obtained prior to any purchasing, regardless of the method of payment.***
3. Obtain the proper signatures for approval.  
Rep/Non-Rep Form  
Designated Signature Certified and Approved: College Director  
Fiscal Signature Authority: Director of Administrative Services or Accounting Supervisor  
Purchase Requisition:  
Requisitioned by: Your signature  
Approved by: Your supervisor, Director of Administrative Services, or College Director  
Procurement Officer: Accounting Supervisor or Director of Administrative Services  
*Approval and Procurement must be two different people.*
4. Turn in **COMPLETED** paperwork to Administrative Services.
5. If you chose "Employee Reimbursement" as method of payment, you must fill out the Employee Reimbursement form after completing the purchase. Original receipts must accompany the form. You must also have a copy of the completed rep/non-rep form included. Turn in **completed** form to Administrative Services.

All forms can be found on the Mat-Su College Procurement page:  
<https://matsu.alaska.edu/offices/admin-services/procurement.cshtml>

<b>MATANUSKA-SUSITNA COLLEGE</b> University of Alaska Business Office (907) 745-9705 POB 2889 • Palmer, AK 99645	<b>PURCHASE REQUISITION</b>  ... this is <b>NOT</b> a purchase order...
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<b>SUGGESTED SUPPLIER:</b>  Phone Number: Fax Number: Website URL:	<b>BUSINESS OFFICE USE ONLY</b>				
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">PO#</td> <td style="width:50%;">CALL#</td> </tr> <tr> <td colspan="2">VENDOR #</td> </tr> </table>	PO#	CALL#	VENDOR #	
PO#	CALL#				
VENDOR #					

DELIVERY DATE	CONTACT	BID/QUOTE#	SHIP VIA	F.O.B.	TERMS
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ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE

<b>COURSE TITLE &amp; CRN:</b>	Estimated freight cost:
	Grand Total:

ITEM	FUND	ORG	ACCT	AMT	Date items needed: _____
					Requestors phone # _____
					Requisitioned by: _____
					Signature _____ Date _____

BUSINESS OFFICE USE ONLY			
Approved by: _____		Procurement Officer: _____	
Signature	Date	Signature	Date
I approve this purchase and certify that property has been screened for campus/statewide availability as required by University property regulations.			

<b>MATANUSKA-SUSITNA COLLEGE</b> University of Alaska Business Office (907) 745-9705 POB 2889 • Palmer, AK 99645	<b>PURCHASE REQUISITION</b>  ... this is <b>NOT</b> a purchase order...
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<b>SUGGESTED SUPPLIER:</b> Vendor of choice - you must have a separate form for each vendor  Phone Number: _____ Ext. _____ Fax Number: _____ Website URL: http:// _____	<b>BUSINESS OFFICE USE ONLY</b>
	PO# _____ CALL# _____
	VENDOR # _____

DELIVERY DATE	CONTACT	BID/QUOTE#	SHIP VIA	F.O.B.	TERMS
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ITEM	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
	*Example for event purchases				
1	Lunch Supplies - not to exceed \$100.00 to be picked up by Perfect Employee	1	lot	\$100.00	\$100.00
2	Paper Products for Lunch: Napkins, Plates, silverware	1	lot	\$50.00	\$50.00

<b>COURSE TITLE &amp; CRN:</b> Specific course and/or dept the supplies will benefit	Estimated freight cost: _____
	Grand Total: \$150.00

ITEM	FUND	ORG	ACCT	AMT	Date items needed: <b>DO NOT USE ASAP</b>
1	You may	leave blank	if not known	100.00	Requestors phone # _____
2	106710	26601		50.00	
					Requisitioned by: _____
					Signature _____ Date _____

BUSINESS OFFICE USE ONLY			
Approved by: _____		Procurement Officer: _____	
Signature	Date	Signature	Date
I approve this purchase and certify that property has been screened for campus/statewide availability as required by University property regulations.			

# UAA Representational (Rep) Expense Allowance Form

Representational expenses are defined in UA BOR [R05.02.070](#)

Representational (Rep) Allowance forms must be completed for all activities that fall into the following categories: entertainment or gifts over \$25.00 (8115), gifts under \$25.00 or self-catering (4008/4018/4038), catered events (3008/3018/3038), or prizes for non-employees (8210). See [Rep Allowance Guidelines](#) for details.

Any 8115 expense over \$200, and any gifts or "other discretionary expenditures" expense, requires the signature of the Rep Allowance designee (assigned by the Chancellor). Any non-8115 entertainment-like expenses or any 8115 expense under \$200 can be approved by the fiscal or account manager, with the exception of gifts and "other discretionary expenditures." The purchase of gifts costing more than \$100 requires approval of the Vice Chancellor of Administrative Services.

**Event:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_ **Location of Event:** \_\_\_\_\_

**Does this event include alcohol?:**       No       Yes

**Allowable non-general/non-public funding source: Fund:** \_\_\_\_\_ **Org:** \_\_\_\_\_

**Attach a copy of the approved [Request to Serve Beer and Wine](#)**

**Does this request include gifts?:**       No       Yes

**If yes, please provide the cost of gift, date of gift, description of gift, business reason or benefit gained or expected to be gained (below), name of the recipient(s) including occupation, title, or other information which establishes the business relationship, and certification of benefit (below) per BOR R05.02.070(F)(5). Attach additional pages if necessary.**

**Provide the fund/org/acct for expenses (provide grant number, if restricted funds will be used):**

Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Grant #: \_\_\_\_\_  
 Fund: \_\_\_\_\_ Org: \_\_\_\_\_ Account: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Grant #: \_\_\_\_\_

**Business reason and benefit gained or expected to be gained by UAA. Include an activity description or nature of business discussion to occur:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List of attendees including business relationship (role/title) and names of any UA employees to be present for meal/entertainment. Identify groups if applicable. Attach agenda/list if applicable:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Certification of benefit to the university and appropriateness of expenditure:**

*I certify that the expense(s) included in this request for reimbursement or payment are incurred for the benefit of the university or the respective funding agency in connection with the performance of the official duties and obligations, and that, in my opinion, such expenditure(s) represent(s) an appropriate use of public or other funds used to support the expenditure.*

**(Print Name) Designated Signature Authority (if 8115 over \$200):** \_\_\_\_\_

**(Print Name) Fiscal Signature Authority (if 8115 under \$200, or non-8115):** \_\_\_\_\_

**(Signature) Certified and approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vice Chancellor of Administrative Services approval (for gifts \$100 and over):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**A waiver must be obtained if self-catering for an on-campus event costs \$700 or more.**

**Reason for waiver request:** \_\_\_\_\_  
 \_\_\_\_\_

**Seawolf Dining and Catering Program Director approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

