

Course Name & No.

**COLLEGE OF NURSING
REQUEST TO PURCHASE
(RTP Form)**

Requestor:

Date:

- Re-Order Existing Item
- Change from Previously Ordered Item
- New Request

Vendor (Quote from vendor must be attached):

Brief Description (include model #):	Unit Cost	QTY	Total
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Justification:

Total Cost:

Course Manager *(if applicable)*: _____ Date: _____

Staff *(if applicable)*: _____ Date: _____

Staff Supervisor *(if applicable)*: _____ Date: _____

Associate Dean: _____ Date: _____

Dean Adams: _____ Date: _____