



FLORIDA POLYTECHNIC
UNIVERSITY

PROCUREMENT DEPARTMENT

procurement@floridapoly.edu

**Memberships/Sponsorships Benefit to the
University**

REQUISTION NO.	DATE	DEPT. NAME
Amount:		Requestor:
ITEM(S) PURCHASED		
SUPPLIER		
JUSTIFICATION (Provide the reason(s) that this membership will benefit the University)		

Printed Name

Director Signature

Date