



GOODS/SERVICES REQUEST FORM	DATE	REQUEST NUMBER
	SERVICE CENTRE NAME & ADDRESS	CONTACT INFORMATION
	SERVICE CENTRE ACCOUNTING INFORMATION	

REQUESTOR NAME	
EMAIL ADDRESS	PHONE NUMBER

GOODS/SERVICES DESCRIPTION				
Quantity	Description	Hours/Units	Rate/Fee	Item Total Cost
Total Cost				

SPECIAL INSTRUCTIONS/COMMENTS

PURCHASER ON BEHALF OF THE DEPTID OR PROJECT BUDGET OWNER	
Name (Last, First)	Comments

ACCOUNTING INFORMATION (CHARTFIELDS)					
Fund	Department ID	Program Code	Internal Code	Project Code	Activity Code

DECLARATION & AUTHORIZATION (to be signed by DeptID/Project Budget Owner or Delegate)

By signing this Goods/Services Request Form, I am certifying that I have reviewed the costs itemized above by the Service Centre. I agree to be charged for the use and/or consumption of these goods/services at the rate(s) outlined above, and that sufficient funds have been budgeted to cover the expenses. I authorize the individual(s) listed above to request goods/services provided by the Service Centre on my behalf and to charge such purchases against my project and/or DeptID as shown in the accounting information section above. These individuals do not supersede the current authority of the FSCM Delegates and are limited to transact on my behalf for this purchase only from this particular Service Centre. Where applicable, I am attesting to the eligibility of these goods/services under the GRANTING AGENCY REGULATIONS and/or TERMS OF THE CONTRACT AGREEMENT and the general policies of the university. For items charged to a research project, I further confirm that these items are not related to teaching activities and will be used solely for the purposes of research and activities directly related to the research projects to which these purchases are being charged.

DeptID/Project Budget Owner or Delegate Name (Please print)	Signature (DeptID/Project Budget Owner or Delegate)
Phone Number	Date

See Reverse of Form for Instructions/Field Descriptions

Goods/Services Form Requirements

Request Number - If used by Service Centre.

Service Centre Accounting Information –Chartfields (fund, project, activity, internal, etc.) where internal revenue/credits are to be recorded in PeopleSoft.

Requestor – must be DeptID/Project Budget Owner or FSCM Delegate.

Description – Goods and/or services being sold.

Hours/Units – The number of hours/units required to produce the good or service being sold (if applicable).

Rate/Fee – The price being charged for each hour/unit (if applicable).

Item Total Cost – Total cost for the item being purchased.

Special Instructions – As required by DeptID/Project Budget Owner. Examples: certain items to be charged to certain chartfields (project, activity, deptid, internal, etc.), specific percentages of cost to be charged to certain chartfields, certain items may only be purchased by certain authorized purchasers, etc.

Purchasers on Behalf of the DeptID or Project Budget Owner – Individual(s) who have been selected by the DeptID/Project Budget Owner to request/pick-up the purchased goods and or services. These individuals do not take the place of, nor act in the capacity of a DeptID/Project Budget Owner or an FSCM Delegate.

Accounting Information – Chartfields (fund, project, deptid, internal, etc.) where IDB charges are to be recorded in PeopleSoft as provided by the DeptID/Project Budget Owner.

Declaration & Authorization – Must be exactly as shown.

Signature – Must be signed by the DeptID/Project Budget Owner or FSCM delegate.