

SUPPLY PURCHASE REQUEST
For Space Grant Fellows/Trainees

- **Name:** _____ **Check One:** Fellow Trainee
- **Date of Request:** _____
- **Supplies Needed (Name/ Estimated Cost/ Vendor):**
 - 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
- **Total Estimated Cost:** \$ _____
- **Brief Justification for Purchase:**

Do not write in this box. FOR OFFICE USE ONLY.

Circle One: APPROVED REJECTED

Reviewed by: _____ **on** _____.

Signature: _____

AFTER SUPPLIES HAVE BEEN PURCHASED, SUBMIT YOUR ORIGINAL RECEIPT(S) TO MARS IN POST 501A TO COMPLETE THE REIMBURSEMENT REQUEST PROCESS.