College of Public Health
Kentucky Injury Prevention & Research Center

Pre-Approval Form

Submit Date:
Dept:
Requestor:

Account Information

WBS or Cost Center

Additional Info:

if needed for clarification

Vendor Information

Name:

Vendor ID:

Catalog No.	Description	Qty	Unit	Unit Price	Total

Grand Total $

Business Purpose/Benefit to Project:

PI/Chair Approval

Business Office Approval

Completed by: _____ Date: _____

Clear Form

Print Form