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**Purchase Justification Form**

(Submit with Purchase/Check Request)

**Office of Title III Programs**

Grim Hall, 3rd Floor

Phone: 484-365-7979

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity Name: Click or tap here to enter text. | | | Account Code: | | | Date: |
| Grant Year: | **Requisition #** | | | **Title III Focus Area: (Check one)** | | |
| **Academic Quality** | **Fiscal Stability** | |
| **Institutional   Management** | **Student Outcomes and  Services** | |
| Activity Director Name: | | | | | | |
| Please specify in detail the activity objective and/or performance indicator this purchase item meets. | | | | | | |
| Why are we purchasing this item(s)? (attach additional documentation as needed) | | | | | | |
| How is the item(s) being used? | | | | | | |
| Is this a one-time purchase?  Yes  No | | | | | | |
| If this is not a one-time purchase, please provide additional details including how many items are needed and why this specific amount is required. (Attach additional documentation as needed) | | | | | | |
| \*\*\*Please review invoice/quote to ensure quantity and price detail is listed. | | | | | | |
|  | | | | | | |
| Dept. Head/Activity Director (Type Name) | | **Dept. Head/Activity Director (Signature)** | | | | **Date** |
| Title III Director (Type Name) | | **Title III Director (Signature)** | | | | **Date** |