**Approval Form for Textbook and Supply Purchases Current Date**

R:/EOF/Forms/Textbook Purchases Request form Current Date-2.docx

This form is to be used to approve the purchase of textbooks or supplies outside the TCNJ Bookstore.

An approved purchase requires the EOF Director’s Signature on this form. **MAINTAIN ALL RECEIPTS FOR REIMBURSEMENT.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student ID# |  | Student Name  |  |  PROGRAM SPECAILIST |  |
| Student Email |  Current Grade Level (please circle) | Fr. So. Jr. Sr. |
| Author |  | Edition |  |
| Textbook Title |  | ISBN# |  |
| Professor |  | Course |  |
| Price per book |  |
| Total Cost |  |
| Reason |  |
|  |
| Available to Purchase: (please circle) Online TCNJ Book Store Other |
|  |
| Author |  | Edition |  |
| Textbook Title |  | ISBN# |  |
| Professor |  | Course |  |
| Price per book |  |
| Total Cost |  |
| Reason |  |
|  |  |
| Available to Purchase: (please circle) Online TCNJ Book Store Other |
|  |
| Author |  | Edition |  |
| Textbook Title |  | ISBN# |  |
| Professor |  | Course |  |
| Price per book |  |
| Total Cost |  |
| Reason |  |
|  |
| Available to Purchase: (please circle) Online TCNJ Book Store Other |
|  |
| Total Cost $ | # of Books/Supply(s): |

**1. Are you a Promise Award Student? Yes or No 2. Are you receiving an Incentive Award Yes or No**

**PROMISE AWARD STUDENT ONLY**

**I certify that this purchase of textbooks and/or class supplies are required materials and are in compliance with The EOF Promise Award Guidelines and Procedures.** \_\_\_\_\_\_\_

**NON-PROMISE AWARD STUDENT ONLY**

**I certify that this purchase of textbooks and/or class supplies are required materials and are in compliance with The EOF Guidelines and Procedures. I acknowledge that any textbooks and/or supplies purchase by the EOF Department are a loaner and MUST BE RETURNED BY THE END OF SEMESTER OR I WILL INCURE ALL THE COST OF ALL TEXTBOOKS AND SUPPLIES. \_\_\_\_\_\_\_**

Student’s Printed Name and Signature Date

**.**

**Office USE ONLY - EOF Director Approval**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

|  |
| --- |
| EOF PROGRAM SPECIALIST SIGNATURE DATE PROCESSED BY and DATE |

**Office USE ONLY - EOF Participation Level 1, 2, or 3:** \_\_\_\_

Program Specialist Recommendation: Recommend \_\_\_\_ Do Not Recommend \_\_\_\_