

Please return completed form to: [purchasing@newcastle.edu.au](mailto:purchasing@newcastle.edu.au)

FIRST NAME

SURNAME

EMAIL ADDRESS

Faculty/School/Division Name:

COST COLLECTOR/S

ADDRESS FOR DELIVERY (Campus/Building Name)

ADDITIONAL DELIVERY ADDRESS (Level #/Room #)

PHONE NUMBER

FAX NUMBER

APPROVING OFFICER 1 (Primary approver)

Please note your approver should have delegated authority to spend and must only authorise up to the value of their delegated authority. For further information in this regard please follow the link to the Delegation of Authority Policy

<http://www.newcastle.edu.au/policy/000083.html>

FIRST NAME

SURNAME

EMAIL ADDRESS

NETXPRESS LOGIN (if applicable)

APPROVING OFFICER 1 SIGNATURE

**APPROVING OFFICER 2 (if required)**

**NAME**

**SURNAME**

**EMAIL ADDRESS**

**NETXPRESS LOGIN (if applicable)**

**APPROVING OFFICER 2 SIGNATURE**