



MISSISSIPPI STATE UNIVERSITY™
 MS AGRICULTURAL AND
 FORESTRY EXPERIMENT STATION

Livestock Purchase Request
MAFES Livestock Revolving Account
Fund 263401

Department _____ **Mail Stop** _____
Requested by _____ **Mail Stop** _____
Funding Requested _____ **Amount Approved** _____
Expected Date of Purchase _____
Vendor _____

CRIS Project Number _____
CRIS Project Name _____
Description of Project and use of animals _____

Number of: **Bulls** _____

Heifers _____

Steers _____

Breed _____

Anticipated Date of Sale _____
(Please note multiple dates, if known or anticipated)

Approved: _____ Department Head	Date: _____
Approved: _____ Associate Director	Date: _____

FOR ADMINISTRATIVE USE ONLY

Bull Registration # _____

Banner Date of Purchase _____ Invoice # _____ Amount _____

After Approval Send Copies to: Department Head, Requestor, and MAFES Administrative Officer