

PURCHASE REQUISITION

Date _____

Purchasing Use Only	P.O. Date	
	P.O. #	

SUGGESTED VENDOR	
Name	_____
Address	_____
City	_____ State ___ Zip _____
Phone	_____ Fax _____

REQUISITIONER	
Name	_____
Department	_____
Phone Ext	_____
Campus Location	_____

Reason for Vendor Suggested

Source of Prices Provided Below

SHIP TO:	
Department	_____
Address	_____
City	_____ State ___ Zip _____
Attn:	_____

NOTE: Attach ALL copies of any quotes received by the department.

Quote Reference _____

Quote Date _____

Terms _____

Dept ordered for _____

Date required by _____

Delivery Date indicated is

Quantity	Unit of Measurement	Description of Requested Items	Unit Price	Total Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			TOTAL	<input type="text"/>

ACCOUNT INFORMATION (FOAPAL)	
Fund	_____
Organization	_____
Account	_____
Program	_____
Index (if avail)	_____

APPROVALS	
Dept Head	_____
Division Head	_____
Purchasing	_____