

PURCHASE REQUISITION

ONE VENDOR PER REQUISITION

Section Filled by Purchasing Dept.	
PO#	
PR#	

REQUISITION INFORMATION	
Today's Date	
Funding Source	
Account Number(s)	#: _____ \$: _____ #: _____ \$: _____ #: _____ \$: _____
Requisitioner	
Requisitioner's Ext	
Department	
Recipient of Shipment	
Date Required	

VENDOR INFORMATION	
Vendor Name	
Address	
Suite #	
City, State, Zip	
Telephone	
Fax	
Contact Name	
Contact E-mail	

QTY	UNIT <small>(EA, DZ, BX., PR, SET, GAL, JOB)</small>	DESCRIPTION <small>Include Model/Part Number</small>	UNIT <small>Omit Commas</small>	TOTAL
			\$	\$
			\$	\$
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			\$	\$
TOTAL AMOUNT OF THIS REQUISITION			\$	

APPROVAL SIGNATURES	
<small>Date section can be omitted when signing with a Digital ID</small>	
Dept. Chair or Division Head	Signature: _____ Date: _____
Dean	Signature: _____ Date: _____
SVP/President	Signature: _____ Date: _____
CFO	Signature: _____ Date: _____

