JACKSONVILLE UNIVERSITY

PURCHASE REQUISITION

PO#	
PR#	

ONE VENDOR PER REQUISITION

TODAY'S DATE	
FUNDING SOURCE	
ACCOUNT NUMBER(S)	
REQUISITIONER & EXT. NUMBER	
DEPARTMENT	
DATE REQUIRED	

VENDOR NAME	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	FAX
CONTACT NAME	E-MAIL

QTY	UNIT (EA,DZ, BX,, PR, SET, GAL, JOB)	DESCRIPTION INCLUDE MODEL/PART NUMBER	UNIT $	TOTAL $

TOTAL AMOUNT OF THIS REQUISITION **$**

APPROVAL SIGNATURES

DEPARTMENT CHAIR or DIVISION HEAD	Date
DEAN	Date
CHIEF OFFICER	Date
CFO	Date