

# 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 (EA, DZ, BX., PR, SET, GAL, JOB)	DESCRIPTION Include Model/Part Number	UNIT Omit Commas	TOTAL
			\$	\$
			\$	\$
			\$	\$
			\$	\$
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			\$	\$
			\$	\$
			\$	\$

**TOTAL AMOUNT OF THIS REQUISITION** \$

## APPROVAL SIGNATURES

Dept. Chair or Division Head	Signature: _____	Date: _____
Dean	Signature: _____	Date: _____
SVP/President	Signature: _____	Date: _____
CFO	Signature: _____	Date: _____

