

**DO NOT USE
AS A PURCHASE
ORDER**

PURCHASE REQUISITION

NUMBER:

R

DEPARTMENT NAME		LOCATION OF BLDG.	ROOM NO.	FUND	DEPARTMENT	ACCOUNT
DATE REQUIRED (mm/dd/yyyy)		CONTACT PERSON	TELEPHONE NUMBER	PREVIOUS PO. AND DATE		
DEPARTMENT HEAD SIGNATURE				DATE	NAME AND COMPLETE ADDRESS OF SUGGESTED SOURCE(S)	
APPROVED BY		DATE	AUDIT BY			

ITEM NO.	QUANTITY AND UNIT	DESCRIPTION PLEASE BE EXPLICIT; USE NEXT LINE IF DESCRIPTION IS LONG	UNIT PRICE	AMOUNT
		INSTALLATION APPROVED BY PHYSICAL PLANT <input type="checkbox"/> YES <input type="checkbox"/> NO		

	PURCHASING USE ONLY
	BUYER
	TERMS
	F.O.B.
	SHIPPING
	QUOTATION
	PURCHASING ORDER NUMBER