

REQUISITION (OVER \$5,000)

PURCHASE ORDER

BLANKET ORDER for FY _____

***Required fields appropriate/available.**

REQUEST FOR PURCHASE



must be completed when

*VENDOR _____ FEDERAL IDENTIFICATION NUMBER or SSN IF AN INDIVIDUAL _____

*STREET ADDRESS (NO PO BOX) _____ SALESPERSON _____ QUOTE # _____

*CITY, STATE & ZIP _____ TELEPHONE NUMBER _____ *FAX NUMBER _____

QTY.	ITEM #	DESCRIPTION--you may attach a copy of catalog page showing item and unit cost.	UNIT COST	TOTAL
Attach additional blank pages as necessary				
BUSINESS PURPOSE: _____			TOTAL	

*DATE OF REQUEST: _____ *REQUESTED BY: _____ *DEPARTMENT/CHARGE TO: _____

*CAMPUS PHONE: _____ EMAIL: _____ FAX: _____ CAMPUS ADDRESS: _____ *DELIVER TO: _____

FAX ___ MAIL ___ PRE-PAYMENT REQUIRED? ___ OTHER ___ SPECIAL INSTRUCTIONS TO PURCHASING: _____

ADMINISTRATIVE APPROVAL: _____ DATE: _____ PURCHASING: _____

FOR PURCHASING DEPARTMENT USE ONLY

CATEGORY _____

ORG _____ FUND _____ ACCOUNT _____ PROJECT _____ PROGRAM _____ USER DEF _____

PURCHASE ORDER #/REQUISITION # _____ PO FAX'd _____ PO MAILED _____

NOTES:

