



**PO NUMBER** \_\_\_\_\_

(To be completed by purchasing)

**PURCHASE REQUISITION**

<b>Suggested Vendor</b>			
<b>Full Mailing Address</b>			
<b>Company Contact</b>		<b>Phone</b>	<b>Fax</b>
<b>Requested By</b>		<b>Department</b>	
<b>Special Instructions</b>			

	QTY	UNIT	DESCRIPTION	PRICE/UNIT	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**TOTAL AMOUNT OF PURCHASE**

Accounting Codes		To be completed by requestor			To be completed by Business Office		
Organization	Project	Program	Amount	Fund/Sub	Account	Origin	

Approved by \_\_\_\_\_ Program Chair/Budget Head

Approved by \_\_\_\_\_ VP of Administrative Services

Entered by \_\_\_\_\_