

Purchasing Requisition Form

Date:	Index #
Requested By:	
Group:	Bldg/Room:
Phone: 346-	E-mail:

PO Number:
(To be completed by purchasing staff)

Vendor:	Account#
Phone:	Fax:
Address (or web site):	
City:	State: Zip:
Vendor contact:	Order #

Desired Delivery Date:
Ship Via: <input type="checkbox"/> Regular <input type="checkbox"/> 2day <input type="checkbox"/> 1day
Shipping Not to Exceed \$
Allow Back Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No
Actual Delivery will be by:

Orders over \$25,000 require 3 written vendor quotes.
 Orders over \$100,000 have additional requirements allowing impartial vendor competition.

Catalog #	Description	Qty	Unit of Measure	Estimated Cost/each	For Purchasing Use Only	
					Actual \$	Total \$
1						
2						
3						
4						
5						
6						
7						
8						
9						

Please forward all vendor receipts to the staff member responsible for processing this purchase request.

Equipment Inventory Asset information

Is order over \$5000? Yes <input type="checkbox"/>	Item Description:	New A/N #
Add Items #	to Existing Asset #	Located in (Bldg/Room):

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Commodity #	Account #	Activity Code#
Banner #	Paid	P.O. entered