



PURCHASE REQUISITION

Purchasing, Box# 416

For Procurement Services
Only - PO#

Check if new vendor or new location.

***NOTE: Use GRANT/CONTRACT FORM for Grant Purchases

Requestor Name	Requestor E-Mail
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Requestor Department	Requestor Phone
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Vendor Information	Order Information
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Company Name	SHIP TO Department
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Street Address	Ship to Contact
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City/State/Zip	Street Address
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Contact	Building	Room #
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Phone	City/State/Zip
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Fax	BILL TO Department
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E-Mail	PO Box	City/State/Zip
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Account Distribution Info					
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Account	Fund	Org	Subclass	Project/Grant	\$ AMOUNT

ORDER SPECIFICATIONS				
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QTY	UOM	DESCRIPTION	Unit Price	Extended

For Use By Asset Management, and Grants & Contracts	This Page Total >	
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For Capital Asset Purchase Only (unit price over \$5000):	Grand Total (all pages) >	
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Location (Bldg & Room #) >		Requested For >	
If Component, Identify Assembly >		Approved By >	
Department >		Title >	
Custodian/Responsible Party (name) >			
Department >		<u>Comments:</u>	

For Sponsored Projects:		
Sponsor Name >		
Sponsor Award # >		