PURCHASE REQUISITION Check if new vendor or new location. For Procurement Services Only -Check for Grants and complete "Attachment A" PO#>>> **Vendor Information Requestor Information** Company Name Requestor Name Street Address Requestor Department City/State/Zip Phone SHIP TO Department Vendor Contact Vendor Phone Ship to Contact Vendor Fax Street Address Vendor E-Mail Building Room # **Account Distribution Info** City/State/Zip Account Fund Org BILL TO Department PO Box Subclass Project/Grant City/State/Zip **ORDER INFORMATION** Note: The "Description" column/space is set up to enlarge and wrap text for longer descriptions QTY **UOM DESCRIPTION Unit Price** Extended For Use By Asset Management, and Grants & Contract This Page Total > For Capital Asset Purchase Only (unit price under \$5000): Grand Total (all pages) > Location (Bldg & Room #) > Requested For > CHECK for Component > Approved By >

Title >

Comments >

Department >

Identify Assembly >

Award # >

For Sponsored Projects:
Sponsor Name >