

**DO NOT USE
AS A PURCHASE
ORDER**

PURCHASE REQUISITION

NUMBER:

R

DEPARTMENT NAME	LOCATION OF BLDG.	ROOM NO.	FUND	COST CENTER	OBJECT CODE
DATE REQUIRED (mm/dd/yyyy)	CONTACT PERSON	TELEPHONE NUMBER	PREVIOUS PO. AND DATE		
APPROVED BY All Requests: Department Head/Chair Signature _____ Print Name _____ Requests of \$50,000 and over: Dean Signature _____ Print Name _____			NAME AND COMPLETE ADDRESS OF SUGGESTED SOURCE(S)		
Director, Logistical Services (\$50,000 - \$500,000) Signature _____			Office for Business and Finance (\$500,000 and over) Signature _____		
			FOR AUDIT AND GRANTS AND CONTRACTS USE		

ITEM NO.	QUANTITY AND UNIT	DESCRIPTION PLEASE BE EXPLICIT; USE NEXT LINE IF DESCRIPTION IS LONG	UNIT PRICE	AMOUNT
		INSTALLATION APPROVED BY PHYSICAL PLANT YES NO		

	PURCHASING USE ONLY
	BUYER
	TERMS
	F.O.B.
	SHIPPING
	QUOTATION
	PURCHASING ORDER NUMBER