UNIVERSITY OF ST. THOMAS

Purchase Requisition

For assistance, contact Purchasing
Ext. 2166 / purchasing@stthom.edu

Internal Use Only

PO# _____

Vendor Information

Name _____ Phone _____
Address _____ Fax _____
City/State/Zip _____ Email _____

Item	Qty.	Part #	Item Description	Unit Price	Line Item Total
1					$ 0.00
2					$ 0.00
3					$ 0.00
4					$ 0.00
5					$ 0.00
6					$ 0.00
7					$ 0.00
8					$ 0.00
9					$ 0.00
10					$ 0.00

Additional Information:

Subtotal	$ 0.00
Shipping	$ 0.00
Total	**$ 0.00**

Items	Account	Fund	Department	Program	Project	Dollar Amount

Requisition Completed By — Signature X _____ Print Name: — Date _____

Budget Supervisor — Signature X _____ Print Name: — Date _____

IT Approval (Technology Equipment) — Signature X _____ Print Name: — Date _____