



Purchase Requisition

Please indicate the appropriate budget type:

- Operating Budget
 Capital Budget
 Grant Budget

For assistance, contact Purchasing at ext. 2166

Vendor _____ Address _____ City/State/Zip _____ Phone _____ Fax _____	<p style="text-align: center;">Purchasing Office Use Only</p> P.O. # Assigned _____ <input type="checkbox"/> Partial Delivery Order Date _____ <input type="checkbox"/> Backorders Expected Delivery Date _____ <input type="checkbox"/> Substitutes Requisitioning Dept. _____
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Item	Qty.	Unit Type	Part #	Item Description	Unit Price	Line Item Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Additional Information:

Subtotal	
Shipping	
Total	

Items	Account	Fund	Department	Program	Project	Dollar Amount

Requisition Completed By _____ Date _____

Budget Supervisor Approval _____ Date _____

Purchasing Agent Approval _____ Date _____

IT Approval (Technology Equipment) _____ Date _____

Business Office Approval _____ Date _____