



PURCHASE REQUISITION

Date Prepared _____

Details

Approvals

1. Requisitioner _____
Name Ext.
2. Department _____
3. Date Required _____
4. Deliver to _____
Name Mail Drop

- | | |
|--|-----------------------|
| Dept. Head Signature _____ | Date _____ |
| Name/Title _____ | Ext. _____ Date _____ |
| V.P. Administration and Finance _____ Date _____ | |

Qty.	Vendor Part Number	Description	Unit Cost	Total Cost	Account Code

Recommended Vendor _____	Phone _____	Fax _____
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Address _____	City _____	State _____	Zip _____
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Is Expenditure within budget? Yes ____ No ____
 Budget Revision Form Completed? Yes ____ No ____
 Justification for Purchase:

Purchasing/Receiving Only

Capital Expenditure Yes ____ No ____

Tag Yes ____ No ____ Tag Number _____

Please send 2 copies of this form to Purchasing ADM 116