

Purchase Requisition

Facilities Planning & Management

Requisition Number

Suggested Vendor/Supplier

Phone # (if available)

Buyer Code

Address (if new vendor)

Type of Order

Credit Card
DPO
Regular

Contact and Delivery Information	
Name	
Phone #	

Account Information		
Account #	%	Amount

Requested Delivery Date

Work Order #

Comments/Special Instructions

Quantity	Unit Price	Unit of Measure	Description	Extension
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SIGNATURES:			
Requestor	Date	Director Business Services	Date
Supervisor	Date	Associate Vice President	Date
Director	Date	ENTERED BY:	Date