



Req. # _____

Requisition Date _____

Purchase Requisition

Supplier _____ Address _____
 City _____ State _____ Zip Code _____ Social Sec # or Fed ID # _____
 Phone # _____ Fax # _____

Ship to Address	Payment Terms: _____	
Organization Name (Department)	Freight <input type="checkbox"/> Due <input type="checkbox"/> Paid	Project Task Award
Building Room Number	Carrier _____	Expenditure Type
Attention	FOB <input type="checkbox"/> Destination <input type="checkbox"/> FCA <input type="checkbox"/> Origin	Organization Name (Department)
Need by Date: _____	Supplier Notes:	Requisitioner Telephone #
	Confirming (Yes/No) _____	Authorized Signature Date

Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total

Quotation: Written Verbal By _____ Date _____ Total: \$ _____



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Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total

Quotation: <input type="checkbox"/> Written <input type="checkbox"/> Verbal	By _____	Date _____	Total: \$ _____
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