

PURCHASE REQUISITION FOR SUPPLIES
PAYMENT TO SUPPLIER OR REIMBURSEMENT

Date: _____

SUPPLIER/VENDOR NAME & ADDRESS

Confirming PO Number _____

Project	Task	Award	Expenditure Type

Name _____

Dept./Org. _____

Building _____

Phone # _____

Phone # _____ Fax # _____

SSN or EIN _____

* NOTE: IF THIS IS AN EQUIPMENT ORDER, PLEASE SEE BELOW

SUPPLIER CATALOG / ITEM NUMBER	COMPLETE DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT

EQUIPMENT CERTIFICATION SCREENING: There is no equipment within the department suitable and / or available for the purposes for which the equipment on this requisition is being purchased.

SUBTOTAL

SHIPPING / HANDLING

TOTAL**PLEASE CHECK ALL APPLICABLE**GOODS RECEIVED, PAY
SUPPLIER

HAZARDOUS MATERIAL

MAIL P.O.

FAX P.O.

CONFIRMING

PRE-PAY

MSDS REQUIRED

APPROVED SIGNATURE *

PROJECT DIRECTOR SIGNATURE

* AUTHORIZED SIGNATURE DELEGATION MUST BE ON FILE WITH THE SPONSORED FUNDS OFFICE

 THESE GOODS & SERVICES ARE NECESSARY TO THIS
 ACCOUNT, DO NOT DUPLICATE ANY EXISTING GOODS OR
 SERVICES AND ARE NOT FOR PERSONAL USE OR BUSINESS

SPONSORED FUNDS USE ONLY / FISCAL APPROVAL