



Date:	
Req	
PO	

PURCHASE REQUISITION

Please type or print the following information:

Recommended Vendor & Telephone #:	Requestor:	
	Telephone #	
	Delivery Location:	
	Ship To :	
	Due Date:	

Account Number to Charge (use Speedtype or Account Distribution below):

Account	Fund	Department	Program	Subclass	Budget Pd	Project	Amount	Speedtype

Requested Items:

Line	Description	Qty	Unit Price	Unit of Measure	Extended Price
Total					

Comments:

Approvals:

Requestor:		Date:
Department Head:		Date:
Other Approving Authority:		Date:

If you have any questions, please call Purchasing at 1-2330