

Requisition Form



Requisition Number

Office Use Only

Purchase Order No:

Buyer's Initial & Date: Del By:

Fiscal Year

Supplier/Payee Information

Name:		Social Security or Federal ID #:	Contract #:	Group #:
Address:		City:	State:	Zip:
Supplier Phone:	Fax:	Email:		

Deliver To Information

Payment Information

Department Information

Attention:	Payment Terms:	Freight: <input type="checkbox"/> Due <input type="checkbox"/> Paid	FOB: <input type="checkbox"/> Dest <input type="checkbox"/> FCA <input type="checkbox"/> Origin	Account # / Project Task Award:	<input type="checkbox"/> SBF <input type="checkbox"/> RF <input type="checkbox"/> State
Department:	Confirming: <input type="checkbox"/> Yes <input type="checkbox"/> No	Suppliers Notes:		Sponsor:	Expenditure/Object/GL:
Building:	Requisitioner:	Ownership: <input type="checkbox"/> P/C <input type="checkbox"/> F/A		Organization Name (Department):	Zip+4:
Room #:	Need by Date:	Payment Requires Dept Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No		Project Director:	
Office Phone (xxx) xxx - xxxx () -	Office Fax (xxx) xxx - xxxx () -	Note: RF Only-Office Supplies Certification: Authorized Signature below also certifies Scientific or Programmatic use for the project charged.			

Item Information

Item #	Expenditure Type, Catalog # & Complete Description (Including notes & buyer notes)	Quantity	UOM	Unit Price	Total

Justification / Purpose of Purchase: **Grand Total:**

I certify that the purpose of purchase requisition complies with the account restrictions and is consistent with the donor's/sponsor's intent.

_____ Date: _____
 Authorized Signature

Quotation: Written Verbal By: _____ Date: _____

OGM Approval: _____ Term Date: _____

Notes/Approvals: _____ Radiation Control Required: Yes No

Check Distribution: Mail Pick up at Bursar