

Pre-Requisition Worksheet

Requisition Number: _____
 Purchase Order Number: _____
 Attachments?

Date: _____

REQUIRED
Requester: _____
Department: _____
Budget Mgr: _____
End User: _____
Building/Room: _____

REQUIRED
Vendor Name: _____
Vendor ID Number: _____
Address: _____
City/State: _____ Zip: _____
Contact Name: _____
Phone: _____ Fax: _____
Email: _____
URL: _____

REQUIRED
Fund _____ Account _____ Dept Mgr _____ Project _____ Program _____ Fund Source _____

Line Item	Description	Qty	UOM	Unit Price	Extended Price
1.					

Date Needed: ____ / ____ / ____
 Special Instructions: _____

Order Sub-Total	
Freight/Handling	
State Tax (7.75%)	
Total Order Cost	\$

Distribution:
 Requester Routing End User
 White Yellow Pink

Please attach the yellow copy to any documents or receipts routed to Purchasing.

PMM