LOGO

PURCHASE REQUISITION

REQUESTED BY	DEPARTMENT
PURPOSE / USE	
VENDOR NAME	VENDOR ADDRESS
POINT OF CONTACT	
VENDOR PHONE	

DATE REQUESTED
DATE NEEDED
CHARGE TO
SHIP VIA

ITEM NO.	PRODUCT / SERVICE DESCRIPTION	QTY

PURCHASING DEPARTMENT USE ONLY

APPROVALS			APPROVED?	VENDOR EIN ON FILE?
NAME 1	SIGNATURE 1	DATE	YES	YES
NAME 2	SIGNATURE 2	DATE	NO	NO
COMMENTS			P.O. NUMBER	EIN OR SSN