Purchase Requisition

Date Ordered_____ Date Received_____ PO#_____

Date	Your Dept.	1. Program/Department (Signature)	**Requisition Procedures!**
Requisitioners Name			1. **Provide** a brief & accurate description, or **item #!**
		2. Executive Leadership (Signature)	2. Route requistion for **all** required approvals
Vendor Name ***Please One Vendor Per Requisition! ***			3. **INCOMPLETE** Req's will be returned! Appropriate
		3. Executive Leadership (Signature)	documentation must be attached.
			4. **AP Check Requests:** Accounting must receive
AP Check_____VISA #_____Sams_____WalMart_____		4. Chief Executive Officer (Signature)	approved requisition on **Tuesday** by **4:30** pm for
HOLD FOR INVOICE_____ *(check here if we will be billed)*			check to be ready on Friday. Requests received

GL Code: _____

ITEM DESCRIPTION / NAME (Enter correct name not slang)	Chargeable Department/Grant	ITEM #	On Hand	Qty Needed	$ COST $	$ TOTAL $

after Tuesday will be processed the next week!

** Special Shipping charges may be incurred with large, oversize, heavy or odd shape items!!** ⟶	Shipping (estimate)	
SPECIAL INSTRUCTIONS, such as shipping address other than 1107 E.Marshall Ave., certain delivery days etc.		
	TOTAL	

Revised 8/12/2014 JRL