

**DO NOT USE  
AS A PURCHASE  
ORDER**

PURCHASE REQUISITION

NUMBER:

R

DEPARTMENT NAME		LOCATION OF BLDG.	ROOM NO.	ACCOUNT FUND	NUMBER COST CENTER	OBJECT CODE
DATE REQUIRED (mm/dd/yyyy)		CONTACT PERSON	TELEPHONE NUMBER	PREVIOUS PO. AND DATE		
DEPARTMENT HEAD SIGNATURE				DATE	NAME AND COMPLETE ADDRESS OF SUGGESTED SOURCE(S)	
APPROVED BY		DATE	AUDIT BY			

ITEM NO.	QUANTITY AND UNIT	DESCRIPTION PLEASE BE EXPLICIT; USE NEXT LINE IF DESCRIPTION IS LONG	UNIT PRICE	AMOUNT
		<b>INSTALLATION APPROVED BY FACILITIES MGMT.    YES    NO</b>		
		FOR USE BY FACILITIES MANAGEMENT:    Reviewed for Subcontracting    Sufficient Project Funds		

	<b>PURCHASING USE ONLY</b>
	<b>BUYER</b>
	TERMS
	F.O.B.
	SHIPPING
	QUOTATION
	PURCHASING ORDER NUMBER