

Purchase Requisition

Requisition Only. Not a Valid Purchase Order.

Chart String/PTAEO

Entity(2)	Org(3)	Funding(6)	Activity(6)	Sub Activity(4)	Natural Class(4)	%
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Entity(2)	Org(3)	Funding(6)	Activity(6)	Sub Activity(4)	Natural Class(4)	%
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Project(6)	Task(4)	Award (6)	Exp. Type(5)	Org(3)	%
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Project(6)	Task(4)	Award (6)	Exp. Type(5)	Org(3)	%
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Delivery Information

Ship to Attention of	Date Needed:
Department Name	Urgent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Building /Room Number)	<input type="checkbox"/> Ground <input type="checkbox"/> Overnight <input type="checkbox"/> 2nd Day

Suggested Supplier

Vendor Name	Independent Contractor (if
Contact Person	yes, fill out a Consultant/Independent
Address	Contractor Statement & Disclosure Form) <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code	Capital Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Fabrication Project <input type="checkbox"/> Yes <input type="checkbox"/> No
Fax Number	Assign to Buyer (Name)
TIN Number	
Website/E-Mail Address	

Special Instructions

Note to Buyer:	Quote Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sole Source Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Fax Order to Vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Prepayment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Haz. Mat. Or Chem? <input type="checkbox"/> Yes <input type="checkbox"/> No

Material or Services Requested

Description (Catalog #, Description, Size, Etc.)	Qty	UOM	Unit Price	Extended Price

Competitive bids or sole source justification required for purchases totaling \$5,000 or more.			Shipping
Requestor (type or print) _____			Total

Authorized Signature _____ Date _____