

REQUISITION FORM (Revised 9/2014)



TODAY'S DATE: _____

PLEASE CHECK ONE:

- TIME SENSITIVE (w/in 24 hours)
 MODERATE (w/in 3-5 business days)
 NO HURRY (w/in 10 business days)

REQUISITION REQUESTED BY: _____

VENDOR NAME/NUMBER: _____ # _____

If new vendor please include complete name, address (street, PO box, city, state, zip, etc.)

PROGRAM/DEPARTMENT: _____

LINE ITEM(S): Be sure to make first few words descriptive (ex. supplies, registration, etc.)

QUANTITY	UNIT PRICE	ACCOUNT CODE	ITEM # and DESCRIPTION	TOTAL COST
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
			SHIPPING/HANDLING	\$
			TOTAL AMOUNT OF REQUISITION	\$

COMMENTS (mail, fax, return to...):

To email to your administrative assistant: "Save As" to your documents, then attach to email *OR* you can simply print