

REQUEST FOR PURCHASE ORDER/ SUPPLY REQUISITION

Purchasing : Purchasing Manager

Requested by: _____

Date: _____

Account Number: _____

Telephone Extension Number: _____

Email address: _____

Building and Room#: _____

Vendor Info: circle one : NOBTS Supply Staples

or Other:

Vendor Name	
Address	
Address2	
Phone#	

ITEM(S) TO BE PURCHASED (For additional space attach a form with only this section completed)

	Item # (6 digit for Staples)	Item Description	Quantity	Price each	Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total Dollar Amount Requested: \$ _____

Please sign on your appropriate cost authorization line.

Cost Center Supervisor: _____ **Associate Dean:** _____

Dean / Registrar: _____ **Senior Admin. / Assoc. Provost:** _____

V.P. Bus. Affairs / Provost: _____ **President:** _____

Delivery Received _____ **Date** _____