

REQUEST FOR PURCHASE ORDER/ SUPPLY REQUISITION

Purchasing@nobts.edu | ext.8242

Requested by: _____

Date: _____

Account Number: _____

Phone Extension: _____

Email address: _____

Building and Room: _____

Vendor Info: NOBTS Supply ☐

or other:

Vendor Name	
Address	
Address 2	
Phone#	

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

	Item #	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: _____

Associate Vice President: _____

Cost Center Supervisor: _____

SVP for Business Administration: _____

Delivery Received _____ Date _____