



PURCHASE REQUISITION

Date: _____

Requisition #: _____

Requisitioned by:		Approved By:	
Deliver To:	Account #	Account #	
Building:	Account #	Account #	
Requisitioner's Phone #:		Object Code:	

Commodity Code:	CONTRACT #:		
SFS ID #:			
VENDOR NAME & BILLING ADDRESS	MWBE Vendor?	Yes	No
	Date Encumbered		
	Purchase Order #		

Please provide JUSTIFICATION for procurement below:

Description	Quantity	Unit	Unit Price	Amount
OK to pay signature:				
Date:				
Please keep a copy for your records				
			TOTAL	

Please attach any price quotes or descriptive literature you may have
 REMINDER: ALL Purchases over \$10,000 REQUIRE (3) three QUOTES