



Req. #

Requisition Date

Purchase Requisition

Supplier _____ Address _____

City _____ State _____ Zip Code _____ Social Sec # or Fed ID # _____

Phone # _____ Fax # _____

Ship to Address	Payment Terms: _____	Project	Task	Award
Organization Name (Department)	Freight ___ Due ___ Paid	Expenditure Type		
Building Room Number	Carrier _____	Organization Name (Department)		
Attention	FOB ___ Destination ___ FCA ___ Origin	Requisitioner	Telephone #	
Need by Date: _____	Supplier Notes:	Authorized Signature	Date	
	Confirming (Yes/No) _____			

Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total

Quotation: Written Verbal By _____ Date _____ Total: \$ _____



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