

REQUISITION REQUEST FORM

DATE	ACCOUNT CODE	REQ. NO.	DEPT. INTERNAL REF.	ORDER NUMBER		
VENDOR		SHIPPING INSTRUCTIONS				
TO:						
		PREPAY ALL SHIPMENTS ADD TO INVOICE IF FOB SHIP. PT- ATTACH PREPAID RECEIPT TO INVOICE				
USE, UPS, PARCEL POST OR MOTOR FRT. IF NOT INDICATED						
ITEM NO.	MATERIALS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL		
REQUESTED BY		PHONE EXT.	SHIP TO ARRIVE BY:			
C.U. BID REF.	VENDOR REF.	FOB:	TERMS:	TOTAL COST		
BIDDERS	DELIVERY	TERMS	FOB	UNIT PR.	TOTAL PRICE	<u>BASIS OF AWARD</u> <input type="checkbox"/> PRICE <input type="checkbox"/> DELIVERY TIME <input type="checkbox"/> QUALITY <input type="checkbox"/> SOLE SOURCE <input type="checkbox"/> _____ <input type="checkbox"/> MINORITY SUPPLIER <input type="checkbox"/> FEMALE OWNED BUSINESS <input type="checkbox"/> HANDICAPPED OWNED BUS. <input type="checkbox"/> SMALL BUS. <input type="checkbox"/> LARGE BUS.
EXPLANATION, COMMENTS INSTRUCTIONS TO PURCHASING:					DEPARTMENT APPROVAL	
					_____ AUTHORIZED SIGNATURE	
					ACCOUNTING APPROVAL	
					PURCHASING APPROVAL	
DEPARTMENT CERTIFIES THAT NO COMMITMENT HAS BEEN MADE, NOR HAS THERE BEEN ANY CORRESPONDENCE WITH SOURCES EXCEPT AS PER THE ATTACHED COPIES OR EXPLANATION.						