

Purchase Request

Date Requested:

Reference Number (office use only):

Vendor & Delivery Information

Name Phone

Address Fax

Website

Address for Delivery

(Include street address and/or Building/Room number)

Requestor Information

Name Campus Phone

Payment Information

Cost Center Name Cost Center Number Basis Category % or \$

Items to be purchased *attach additional sheets or quote from vendor if necessary*

Qty	Item #	Description	Unit price	Line total
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Additional Comments

Subtotal

Tax

Shipping

Total

Justification for Expenditure *(Note: Any item purchased through a university account/cost center number is subject to all university and state regulations.)*

Signatures

Requestor Signature Date

Approving Signature Date

Dean, Department Head, Director

Revised 6/8/2017