



PURCHASE REQUISITION

Please Print Clearly

* Denotes Required Field

Requisition No. RF

*SHIP TO Attention To Department Building Name/Room No. Street Delivery Address City, State, Zip	*Requisitioner if different from "SHIP TO"	*Phone	Purchase Order No.
	*Email Address		

*Project	*Task	*Award	Expenditure Type	*Organization 010
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Supplier Name & Address	Supplier Name & Address	Supplier Name & Address	IDENTIFY IF APPLICABLE <input type="checkbox"/> Radioactive Material <input type="checkbox"/> Laser Equipment <input type="checkbox"/> Radiation Producing <input type="checkbox"/> Animals (Vertebrates) <input type="checkbox"/> Syringes
Phone () Fax () SS # Federal I.D. #	Phone () Fax () SS # Federal I.D. #	Phone () Fax () SS # Federal I.D. #	

Sample

Catalog Item #	Description	Unit of Measure ea, lb, oz.....	Quantity	Unit Price	Unit Total
*					

Please do ___ do not ___ contact the project director regarding substitution of vendor. No checkmark will be interpreted as agreement to CHANGE VENDOR without notice.	Date Required:	Total\$
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*Authorized Signatory (Please Print Name)	*Authorized Signature (Please Sign)	Date
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Purchase Type	Quote Information	Shipping Terms	Supplier Certification	Payment Terms	ORACLE Requisition No.	Buyer
Sole Source Single Source Delivery Date N.Y.S. Contract #	Quote # Phone Quote By Written Quote By	FOB Destination FOB Origin PAID (Supplier Pays Freight) DUE (Buyer Pays Freight)	WBE SB MBE	___% ___ Days Pre-Pay	_____ (Initial/Date)	_____ (Initial/Date)