



# PURCHASE REQUISITION

Please Print Clearly

\* Denotes Required Field

Requisition No. RF

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

<b>*Project</b>	<b>*Task</b>	<b>*Award</b>	<b>Expenditure Type</b>	<b>*Organization</b> 010
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Supplier Name & Address	Supplier Name & Address	Supplier Name & Address	<b>IDENTIFY IF APPLICABLE</b> <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
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Please do ___ do not ___ contact the project director regarding substitution of vendor. No checkmark will be interpreted as agreement to CHANGE VENDOR without notice.	<b>Date Required:</b>	<b>Total\$</b>
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<b>*Authorized Signatory</b> (Please Print Name)	<b>*Authorized Signature</b> (Please Sign)	<b>Date</b>
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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)