

FACILITY NAME _____

ADDRESS _____

REQUESTING UNIT _____

CONTACT PERSON/TEL _____

FAX NO. _____

SR# _____

FUND/ORG
UNIT CONTROL NO.

ACCT.

DATE: _____

ITEM NO.	QTY.	UNIT	UNIT COST	DESCRIPTION	EXT. AMT.	QTY. REC'D.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

JUSTIFICATION: _____

Vendor Reference: _____

Address: _____

Vendor Contact/Tel: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

PROCUREMENT USE ONLY

ADMINISTRATIVE SERVICES DIVISION		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold
Signature _____		
Date _____		

ORDER TOTAL	ORDER PROCESSED
Sub Total \$ _____	P.O. #: _____ Person Contacted: _____
Cash Discount \$ _____	Vendor: _____
Tax \$ _____	Terms: _____ Delivery Date: _____
Freight/Labor \$ _____	By: _____ Date: _____
TOTAL AMOUNT \$ _____	

RECEIVED BY: _____

DATE: _____