This form should be typewritten or printed legibly and sent to the purchasing department. A purchase order will be issued from the purchasing department only. Do not order any items direct from any vendor.



Purchase Requisition

Suggested Sources- Name and Address of Vendor			From Division and/or Department					
			Date of Requisition			Date Items Required		
			Circle below where BT SSC SW MO Newburgh	HA OR	HO PE	d by college pe HU Library	rsonnel	
			(Room Number)		(Name of Perso	n Authorized to s	ign for items delive	ered)
			(recom reambor)		(Name of Folde	Activity	gir for itemie delive	
Quantity	Des	scription of Items		Dept	-Acct #	Code	Unit Price	Extension
Indicate Other	Information Helpful to Purch	asing Department- (catalog	g and page number	* Items pa	cked per carto	n or container,	etc)	
Requisitioned By		Division and or Department Approval			Date Approved			
	Note: This i	s not a purchase	order Do not	send t	his form to	any veno	or.	