

PURCHASE REQUEST

Department _____ Date _____

Date Delivery Requested _____ 15-digit Acct. No. _____

Deliver to _____ Vendor No. _____

P.O. No. _____ Suggested Vendor _____
 Purchasing Use Only

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Request must be entirely filled out before forwarding to Purchasing Department

Stock No.	Quantity	Description	Unit Price	Extended Price
TOTAL				
Confirming Order <input type="checkbox"/> Yes <input type="checkbox"/> No				

Requested by _____ ext # _____

Approved

Disapproved

Dept. Approval _____

Date _____

 Purchasing Agent Date