

Purchase Request

Date Requested:

Reference Number

Purchase & Delivery Information

Name

Phone

Address

Fax

Website

Address for Delivery

Expected Delivery

(Include street address and/or Building/Room number)

Requestor Information

Name

Campus Phone

Dept BU

Payment & Receiving Information

E-Business Cardholder Name

Employee ID

Cost Center Name

Cost Center Number

Budget Category

% or \$

Items to be purchased *attach additional sheets or quote from vendor if necessary*

Qty	Item #	Description	Unit price	Line total
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Additional Comments

Subtotal

Tax

Shipping

Total

Justification for Expenditure

(Note: Any item purchased through a university account/cost center number is subject to all university and state regulations.)

Signatures

Requestor Signature

Date

Approving Signature

Date

Dean, Department Head, Director