



PURCHASE REQUISITION

(This is not a Purchase Order)

Date: _____

Vendor Address: _____

(Complete address) _____

Phone _____ FAX _____

Attn: _____

Requisition Department _____

Building / Rm # _____

Department Contact _____

Phone Number _____

Delivery Location _____

Project #1 _____

Award #1 _____

Project #2 _____

Award #2 _____

Project #3 _____

Award #3 _____

Org #1 _____

Amount #1 _____

Org #2 _____

Amount #2 _____

Org #3 _____

Amount #3 _____

Contract Vendor Used - Supplier is contract Vendor

DMBE Minority or Woman Quote is on File - Quote document from DMBE-Certified Minority- or Woman-owned firm is on file

DMBE Minority or Woman Vendor used - Supplier is DMBE-Certified Minority- or Woman-owned firm

No DMBE Minority or Woman Vendor is available - Not possible to find DMBE-Certified Minority- or Woman-owned firm for commodity

Item #	Complete Description of Goods and/or Services	Quantity	Unit	Unit Price	Amount
TOTAL:					

If additional space is required or you have more than one suggested service please give us a "Listing sheet" to furnish this information. **Attach all specification sheets.**

DEPT/ADMINISTRATOR	NAME (PRINT/TYPE)	ORIGINAL SIGNATURE	DATE	PHONE
AUTHORIZATION	_____	_____	_____	_____
ADDITIONAL DEPT/ADMINISTRATOR AUTHORIZATION (AS REQUIRED)	_____	_____	_____	_____