



PURCHASE ORDER REQUEST FORM

COMPLETED FORMS MUST BE APPROVED BY YOUR ADMIN. SUBMISSION OF THIS FORM IS NOT AN APPROVAL TO PURCHASE.

REQUESTER: _____ DATE: _____

DEPARTMENT: _____ DEPT HEAD: _____

JUSTIFICATION: _____

VENDOR NAME: _____

ADDRESS: _____

CONTACT (IF APPLICABLE): _____

PLEASE INCLUDE NAME AND AN EMAIL OR PHONE NUMBER

QTY	ITEM NO	DESCRIPTION	UNITE PRICE	TOTAL COST
SHIPPING/FREIGHT				
TOTAL				

FOR OFFICE USE ONLY	
ADMINISTRATOR SIGNATURE: _____	
DATE OF APPROVAL: _____	
GL ACCOUNT: _____	REQ NO: _____