



# PURCHASE REQUISITION

Last Revision 08 Aug 21

Your Name \_\_\_\_\_

Budget Admin \_\_\_\_\_

Approval Signature \_\_\_\_\_

**Project #** (if applicable)

**Index Code - Acct Code**

Leave Blank if unknown

**Special Instructions**

**PRE-REQUISITION CHECKLIST**

Is a contract/agreement involved?  NO  YES → Legal Approved  By: \_\_\_\_\_

Is this I.T. related (equipment/software)?  NO  YES → I.T. Approved  By: \_\_\_\_\_

Is branding involved (artwork/logos)?  NO  YES → UMAC Approved  CVS approval # \_\_\_\_\_

*NOTE: For purchases under \$1,000, PCards should be used. The questions above apply to all purchases. If you answered "YES" to any questions AND used your PCard, then this form is considered completed at this point and may be attached to your PCard receipt.*

**PROCUREMENT TYPE**

- State Contract (quote contains contract #)
- Quotes not required OR 'Open PO'
- Multiple Quotes (attached)
- Formal Bid/RFP: # \_\_\_\_\_
- Sole Source (form attached)
- Professional Service
- Other: \_\_\_\_\_  
*Must contact Purchasing Dir. before selecting "other"*

**VENDOR INFORMATION**

Company Name: \_\_\_\_\_

Contact Name (i.e. Sales Rep): \_\_\_\_\_

Contact email: \_\_\_\_\_

Contact phone: \_\_\_\_\_

Quote # \_\_\_\_\_ Accurate and attached →  YES

Send P.O. to (if different from above): \_\_\_\_\_  
*A copy of the PO will automatically be sent to the requestor as indication the order is placed.*

QTY	Unit of Measure	Item Description (attach spreadsheet if more rows are needed)	Unit Price	Total
		Shipping	→	
		<b>TOTAL</b>	→	

**DELIVERY INFORMATION**

*For non-standard deliveries notify Central Receiving for arrangements*

Ship Attn To: \_\_\_\_\_

Building \_\_\_\_\_ Room # \_\_\_\_\_

Phone (if vendor has questions) \_\_\_\_\_

**For Purchasing Division Use Only**

Vendor ID: \_\_\_\_\_ P.O. # \_\_\_\_\_

Created By: \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: