

REQUEST FOR REQUISITION

PO#

Vendor:	Vendor Contact:	Dept	Phone #
Vendor Phone#	Vendor Fax#	Need by Date:	Requester (Please Print)
Purchase Destination/Intended Use:		Dept Head	Date:
		VP	Date

Line#	Qty	Unit	Description (Include part#, size, color, etc)	Unit Cost	Extended Price	CFS Account Code
			Shipping Cost			

OIT USE ONLY:	PROCUREMENT USE ONLY:		
Tracking#	Subtotal	Buyer:	<input type="checkbox"/> Quotes Faxed
Priority: <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low	Tax	Submitted to:	
OIT Signature:	Shipping	Req# :	
Notes:	Total	Date:	
	Document#	Notes:	
	Total \$ Paid		