PO Requisition Form

Vendor Name | Vendor # | Req # | PO# | Date

"Can your order be paid by Credit Card????" ○ YES ○ NO

Street Address | Requested By

*If No, complete entire form **PRIOR** to purchase to receive PO*
If Yes, this form is not needed, contact card holder for assistance.

City | Contact #

State | Zip Code | Department

Phone | Fax | Requester E-mail

E-mail | Web address | Acct Code

Item#	Quantity	Description	Per Unit Cost	Total Cost

***NOTE:** RECIEPTS, ORDER CONFIRMATIONS, AND INVOICES ARE MANDATORY FOR ALL PURCHASES*

Attach any additional information needed to process purchase.

Order Total

Signature

Manager Signature