Expenditure of Funds/Purchase Requisition Form

Vendor # _____ P.O. # _____

Date ___/___/___ Person Requesting PO _____

Location _____ Ship Order to ATTN: _____

Vendor Name _____

Vendor Address _____

Department/Chairperson _____

QUANTITY	ITEM CODE	DESCRIPTION/SUPPLY SOURCE, IF KNOWN	UNIT PRICE	TOTAL COST

Budget Code: _____

PO Authorized By: _____

Title _____

Sub-Total: _____

Less _____ **% Discount**

S&H: _____

Total Cost: _____

FAX Date: ___/___/___

Mail Date: ___/___/___

By: _____

This Vendor was chosen from: _____

State Bid List: _____ Price Contracts #: _____

Consortium: _____ Bidding Procedure: _____

Specialty Item: _____ Emergency: _____

Other: _____

11/29/99

Review/Revised: 11/29/1999