

INTERNAL PURCHASE REQUEST FORM

PE No. (vendor) office to fill in

Requested By: _____

Dept: _____ **Name:** _____

Vendor Name	
Address	
City ST Zip	
Phone No.	
Fax No.	

QUANTITY	CATALOG NUMBER	DESCRIPTION	UNIT PRICE	COST
			\$	\$
Sub Total:				

Shipping (add 10% if amount unknown)	\$
Total amount of order	\$

For Office Use Only

Approved by: _____

PR NO.: _____ *Purchase Order Number* _____

Purchase Request Number (BE SURE TO WRITE DOWN THIS NO.)

Account Number _____ *Date Processed* _____

Delivery Confirmation

Upon delivery please return this form to the office so that the vendor can be paid.

Date Received: _____ **Ok to pay** _____

Signature _____

*For partial deliveries, copy this form and indicate what items have been received.
Turn in form when order is completely received.*

White copy for office use - - - - -Yellow copy for person originating