

MUNIS PURCHASE REQUISITION

FUNDING SOURCE(S):

REQUISITION #: _____ DATE VENDOR NEEDS TO SUPPLY ITEMS BY: _____

SUGGESTED VENDOR:

VENDOR ADDRESS:

PHONE #'S: _____ FAX #'S: _____

DELIVER TO ATTENTION:

This is not a Purchase Order

QTY	UNIT PRICE	ITEM # AND/OR DESCRIPTION	TOTAL PRICE
	\$		\$
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CHECK ONE OF THE FOLLOWING	OR	SUPPLY AT LEAST 3 PRICE QUOTES	SUBTOTAL	\$
<input type="checkbox"/> SEALED BIDDING <input type="checkbox"/> COMPETITIVE NEGOTIATIONS <input type="checkbox"/> SMALL PURCHASE <input type="checkbox"/> NONCOMPETITIVE NEGOTIATIONS <input type="checkbox"/> EMERGENCY (SUP. SIGNATURE) <input type="checkbox"/> SINGLE SOURCE <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> PERISHABLES <input type="checkbox"/> REPLACEMENT PARTS <input type="checkbox"/> RESALE ITEMS <input type="checkbox"/> REDUCED PRICE	P R O C U R E M E N T		*SHIPPING/FREIGHT:	\$
			<i>(IF EXACT SHIPPING Unavailable. ESTIMATE. 1 0%)</i>	
			REQUISITION TOTAL:	\$
<i>THIS DOCUMENT DOES NOT AUTHORIZE PURCHASE!</i>				
			USE BACK OF PO IF MORE ROOM IS NEEDED	

REQUESTED BY:

DATE:

Department Chair:

DATE: