

Purchase Requisition Number: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please see for next available number.*

Department Name: \_\_\_\_\_ Department Number: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_ Requestor's Phone: \_\_\_\_\_

Delivery Address

Dept Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address

Dept Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Possible Suppliers** (Company name, company contact if possible, company address, e-mail address and company phone/fax number)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Line Item Number	Quantity	Unit of Measure	Complete Description	Catalog # (if available)	Unit Cost	Total Cost
<b>TOTAL COST:</b>						

Account	Fund	Dept	Program	Project #	Encumbered Amount
<b>Total Encumbered Amount:</b>					

Comments:

Requesting Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone # \_\_\_\_\_

**For Purchasing Dept Use Only**  
 PO# \_\_\_\_\_ Date \_\_\_\_\_ Bid # \_\_\_\_\_ Quote # \_\_\_\_\_

**Please print this form.**

**Route this form to:**  
 Purchasing Department  
 Old Main 17  
 Phone (701) 231-8346  
 Fax (701) 231-7050