

PURCHASE REQUEST (RX)

(MUST BE TYPED)

THIS IS NOT A PURCHASE ORDER

Preparation Date: _____

**Optional entry in shaded fields*

This space left blank intentionally.
For Purchasing Department use only.

DEPARTMENT INFORMATION		PC #
RESP. PERSON:	SORT CODE:	PC #
PHONE # OF REQUESTOR:	BUILDING: ROOM #	PC #

SUGGESTED VENDOR CODE: ^a

SUGGESTED VENDOR: _____	REQUESTED BY: (DEPARTMENT)
VENDOR ADDRESS: _____	REQUESTED DELIVERY DATE (MM/DD/YY):
CITY/STATE/ZIP: _____	SHIP TO LOCATION: Campus: _____ Building: _____ Room: # _____
PHONE #: () EXT: FAX #: () CONTACT: _____	

ACCOUNT DISTRIBUTION	LINE	FUND	AREA	ORGN	SORG*	OBJT	SOBJ	TOTAL ^b
	01							
	02							
	03							
COMMODITY DATA	04							

a Required. Must be valid in either the VNAME or VEN2 tables.
 b Account line total and commodity line total must be equal in order to process this form.
 c See reverse of this form for commodity codes.

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LINE	QTY	ISSUE UNIT	COMMODITY CODE ^c	UNIT COST	TOTAL COST ^b	PART #*	DESCRIPTION (Include item # if known)	ACCT REF*

Authorizing Signature: _____ Date _____
 Authorizing Signature: _____ Date _____

Commodity Approval Authority: _____ Date _____