

REQUEST FOR PURCHASE ORDER/ SUPPLY REQUISITION

Purchasing: David Sizemore ext: 8030

Requested by: _____

Date: _____

Account Number: _____

Telephone Extension Number: _____

Email address: _____

Building and Room#: _____

**Vendor Info: circle: NOBTS Supply or Staples
Other:**

Vendor Name	
Address	
Address2	
Phone#	

ITEM(S) TO BE PURCHASED (For additional space attach a form with only this section completed)

	Item #	Item Description	Quantity	Price each	Total
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				

Total Dollar Amount Requested: \$ _____

Please sign on your appropriate cost authorization line.

Cost Center Supervisor: _____ Associate Dean: _____

Dean / Registrar: _____ Senior Admin. / Assoc. Provost: _____

Provost: _____ VP BA: _____

Delivery Received _____ **Date** _____