REQUISITION

No. 98433

VENDOR		PURCHASE ORDER NUMBER		
		VENDOR NUMBER		
		DELIVER TO RM. DEPT. CAMPUS		
DATE REQUISITIONED	INITIATED BY	LOCAL PHONE	DATE REQUIRED (PLEASE SPECIFY)	RUSH ☐
DATE AUTHORIZED	AUTHORIZED BY	INDEX	ACCOUNT	CAPITAL PROJECT

NOTE: PLEASE SPECIFY NUMBER OF UNITS IN CARTON / BOX / PACKAGE, ETC.

QUANTITY	UNIT	CATALOGUE NO.	DESCRIPTION	UNIT COST	TOTAL COST

CONFIRMATION YES ☐ NO ☐	SPECIAL INSTRUCTIONS	INITIALS DATE ENTERED

DISTRIBUTION

WHITE: TO PURCHASING DEPT. YELLOW: AUTHORIZOR RETAIN PINK: INITIATOR RETAIN

FORM PO 4502 (Rev. 10/01)

DO NOT WRITE IN SHADED AREAS