

Purchase Preauthorization/Requisition for Services, Supplies and Equipment



Please Print or Type

Date Needed: _____ Date of Request: _____

Requested by: _____

Justification: _____

Budget Manager Approval: _____

Approval Date: _____

Second Approval (over \$1,000): _____

Approval Date: _____

Vendor Information (if known) or Find Vendor

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Website: _____

Estimated Cost

Actual Cost

Prepayment required (Attach vendor documentation regarding payment)

Qty	Unit	Vendor Item #	Description	Unit Cost	Total Cost	Budget Line Item # - or Description

Notes: _____

For Business Office Use

Purchase order # _____ PO Date _____ Credit Card Purchase Date _____

Phone Fax Mail Internet Ordered by _____ Issue Check Date to Accounts Payable _____