

Delaware State University

PURCHASE REQUISITION

REQ. NO.

DEPT. NO.	DEPT. NAME	PHONE NO.	PO. NO.
SPECIAL PROJECT TO BE CHARGED		LINE NO.	INV. NO. /PE NO.

FY	FUND	ORG.	ACCOUNT	PROGRAM	AMOUNT	NAMES & ADDRESSES OF PREFERRED VENDORS
						D#:
						FAX NO.: Phone :

SHIP TO:	SHIP VIA	F.O.B.	TERMS OF PAYMENT
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ITEM NO.	QUANTIY	UNIT OF ISSUE	GIVE FULL DESCRIPTION & COMPLETE SPECIFICATIONS	UNIT PRICE	AMOUNT	EXPLANATION / COMMENTS
						DELIVER TO(PERSON)
						BLDG. No Room No
						Requested By Date
						Approved By Date
						Approved By Date
						Approved By Date

SOURCE OF PRICES: <input type="checkbox"/> BID <input type="checkbox"/> QUOTES <input type="checkbox"/> NEGOTIATED <input type="checkbox"/> CATALOGUE <input type="checkbox"/> ESTIMATE	TOTAL	
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