



Purchaser Information

Department Name	Ship To
Origin	Requester Name
Requester Location	Requester Phone
End User Name	
End User Location	End User Phone

Vendor Information

Vendor ID	Addr #	Loc #	Phone #	Fax #
Name				
Address				
City State Zip				

Tx Control

Requisition ID 1	Purchase Order # 4
Req Date	Due Date
Ship Via	RFQ #
Freight Pay <input type="checkbox"/> U of I <input type="checkbox"/> Vendor	Confirming Order <input type="checkbox"/> Yes
Freight Terms <input type="checkbox"/> Ship Pt <input type="checkbox"/> Dest	Payment Terms
Std Comm Type/ID	Buyer Name

If this entire requisition is to be expensed against one MFK, enter it here. Otherwise leave this MFK blank and use the MFK Addendum.

Fund	Org	Dept	Sub-Dept	Grant/Program	Inst Acct	Org Acct	Dept Acct	Fn	Cost Ctr	SLID/SLAC
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Items To Be Purchased

Line #	Quantity	U.O.M.	Item #	Category	Item Description	Price	Extension

Processing and Approvals

Note: Requisitions without 2 signatures will be returned to Department

For costs charged to external sponsored projects, the signature of the department head certifies the charges are project related and where required, prior approval has been obtained.	Notes to Purchasing
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Process Codes
 Do Not Send P.O. To Vendor Fax P.O. Pre-Payment Invoice Attached Buyer Information Send Attachments Radiation Handling ST-172 Other:

End User Approval	Date	Departmental Approval	Date	Special Approval	Date	College Approval	Date
Copy		Purchasing Department	Date	Buyer Approval	Date	Page	Of

Sub Total Forward	
Grand Total Including Freight	