



REQUISITION

Purchase Order: Check: Credit Card:
 Ecards: (only if required by Vendor)

Date: _____ Vendor #: _____

Department/Program: _____

Vendor Name: _____

Address: _____

Mail:
 Department Contact: _____

Phone extension: _____

	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Please attach appropriate backup. Note: if already available, a more detailed list of good(s) or service(s) being purchased may be referred to and attached instead of itemizing above.

	ACCOUNT NUMBER(s) *	AMOUNT
Originating Employee	- -	
	- - (if needed)	
Immediate Supervisor/Project Leader, or above (2nd signature always required)	- - (if needed)	
	- - (if needed)	
Program/Division Manager/Director (3rd signature required if over \$10,000)	- - (if needed)	
	- - (if needed)	
Executive Director (4th signature required if over \$50,000)	- - (if needed)	
	- - (if needed)	
NPTEC Resolution #: NP _____ - _____ (required if over \$100,000 – attach copy unless itemized line item in budget)		
	Total	

Important Note only if a Purchase Order is being requested: If more than one Fund number is specified, all costs will be divided equally when invoice(s) are received. If specific dollar amounts need to be charged to additional Fund numbers or to different Object Codes, separate Requisitions should be submitted.