Drew University
PURCHASE REQUISITION

THIS IS NOT AN ORDER

ALL ORDERS MUST BE AUTHORIZED BY PURCHASING

DATE _____ **P.0 #** _____

SUGGESTED VENDOR:

NAME _____ REQUISITIONER _____

ADDRESS _____ DEPT _____ EXT _____

_____ BUILDING _____

PHONE # _____ ACCOUNT _____

FAX # _____ DATE ITEM(S) REQUIRED _____

CONTACT NAME _____ DELIVERY INSTRUCTIONS

Is a ***check*** required with this order? Yes ☐ No ☑

Is this a confirming order? Yes ☐ No ☑

Is this a new vendor? Yes ☐ No ☑

Confirmations require prior authorization from Purchasing.

If yes, their Federal Tax ID # is _____

ITEM	QUANT.	UNIT MEAS.	CATALOG NUMBER AND DESCRIPTION	UNIT PRICE	EXTENDED PRICE

Special Instructions:

TOTAL $0.00

Please write legibly and print name after signature.

FOR PURCHASING USE ONLY

_____ _____

AUTHORIZED SIGNATURE PRINT NAME

DATE ENTERED _____

_____ _____

APPROVAL PRINT NAME

PURCHASING APPROVAL _____