

AUBURN UNIVERSITY

PURCHASE REQUISITION

ATTACH ALL WRITTEN QUOTATION OR CONTRACTS

PURCHASE ORDER NO.					REQUISITION NUMBER
NAMES AND ADDRESSES OF VENDORS PREFERRED					
VENDOR#	VENDOR#	VENDOR#			
Deliver to		Account #	Subcode	Percent	Amount
NAME:					
DEPT:					
BLDG / ROOM:					
CITY / STATE / ZIP:					
PHONE:					
DEPT. COPY OF P.O. TO:					
DATE NEEDED:					

COMMENTS TO BUYER:

QTY	UNIT	UNIT PRICE	DESCRIPTION				
PREPARED BY			EXT#	OTHER APPROVALS:		DATE:	TOTAL:
SIGNATURE - DEPT. / ADMINISTRATIVE HEAD:			DATE:		SIGNATURE - DEAN / VICE-PRESIDENT		DATE: