

Alabama Cooperative Extension System (ACES)

PURCHASE ORDER NO.

PURCHASE REQUISITION
ATTACH ALL WRITTEN QUOTATION OR CONTRACTS

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: