

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:	SUBTOTAL:
SIGNATURE - DEPT. / ADMINISTRATIVE HEAD:			DATE:	SIGNATURE - DEAN / VICE-PRESIDENT			DATE: