

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:	